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DOCUMENT SECTION

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GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

WEEKLY BULLETIN

For Period

25 - 31 October

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SECTION I

PREVENTIVE MEDICINE DIVISION

Refresher Training Course for Nutritionists

The third two-month refresher training course for Nutritionists at the Institute of Public Health in Tokyo will be from 22 November to 29 January. Only qualified Nutritionists are eligible to attend. A special effort should be made to see that prefectures which failed to send students to the first two courses are represented in this next course. It is highly desirable that Nutritionists working in Health Center receive this training, a major portion of which consists of practical experience in the laboratory and in the field.

The course has been scheduled so as to allow students time for the New Year holiday and still not interfere with the quarterly National Nutrition Surveys. An official notice concerning the course has already been sent to prefectural governors by the Ministry of Welfare.

Venereal Disease Prevention Law - Cabinet Ordinance

A Cabinet Ordinance implementing the Venereal Disease Prevention Law was passed on 26 October. This ordinance authorizes expenditure of funds from the National Treasury for venereal disease prevention as provided for in the Law. The State, (National Treasury) bears 50% of the net expense of the prefectural government for health examinations of contacts and others examined under Article 10, 11 and 12 of the Law.

The State bears, not over 50% of public health education expenses relating to venereal disease prevention as provided for in the annual budget. For budget planning purposes, each prefecture is to submit applications for funds required for this purpose with an outline of projected work.

The prefectural governor is authorized, according to the Cabinet Ordinance, to collect from patients able to pay, the actual cost of physical examinations and materials or supplies used in performing serological tests or microscopic examinations; for those treated, the actual cost of drugs and supplies used in treatment; the cost of procedures and operations necessary for treatment, and the routine hospital or clinic charges for those who are in-patients.

Special Training Courses for Model Health Center Personnel

Three one-week courses of special instructions for key personnel from each Model Health Center are scheduled at the Institute of Public Health in Tokyo as follows: (1) Medical Officers in charge of tuberculosis control, 6 - 11 December; (2) Medical Officers in charge of venereal disease control, 6 - 11 December; and (3) Medical Officers in charge of maternity and child hygiene, 13 - 18 December.

The purpose of these courses is to give detailed instruction concerning the carrying out of the above mentioned functions in the Health Centers, particularly in relation to the national programs being developed in accordance with recently enacted laws. Since the Model Health Centers furnish the pattern for the functioning of all the other Health Centers, it is highly important that their work be done in conformity with present policies. Military Government Health Officers should exert their influence to insure that the proper individuals from all Model Health Centers, whether yet formally opened or not, attend these courses. Official notices concerning the courses have been sent by the Ministry of Welfare to all prefectural governors.

Publicity Concerning Public Health Programs

Reference Section II Weekly Bulletin No. 92. Enclosed with this Bulletin is one copy of The Sun Photo Times (Inclosure No. 1) and an English translation of the photo titles (Inclosure No. 2) for information of each Military Government Health Officer. On pages 2 and 3 of this newspaper are a series of photographs concerning activities of the Health Center. The article and photographs in this particular edition entitled "The Growing Public Health Nurse" concerns the public health nursing service in particular although three photographs more directly concern the nutrition service, the medical social service and the laboratory service.

This paper and translation is forwarded for the information of Military Government Public Health personnel, as an example of effective publicity concerning the public health program. Good publicity is of great value in the health information-education program and should be utilized to the greatest extent possible at the local board. It is suggested that this paper be displayed for a period of time in each Model Health Center.

SECTION II

VETERINARY AFFAIRS DIVISION

Equine Encephalomyelitis

Sporadic outbreaks of new cases of equine encephalomyelitis still are appearing in Hokkaido. During the period 23-29 October, a total of 19 new cases were suspected of being equine encephalomyelitis although not confirmed. The total number of cases since the start of the epidemic now is 3,666 of which 1,311 were classed as suspects.

Food Inspection

Conference was held during this period with Ministry of Welfare Officials in order to project a plan adaptable to the newly formed Japan Food Association.

Rabies Control and Humane Handling of Dogs

Prefectural Public Health Sections have been notified by the Ministry of Welfare as to the proper handling and disposition of dogs placed in pounds during the periods of rounding up stray dogs. The clubbing of dogs to death is hereafter forbidden and death will be instrumented by the injection of Nux Vomica or a saturated solution of Magnesium sulphate directly into the heart. This work is to be carried out under the guidance of Prefectural veterinarians.

Animal Diseases

The following diseases were reported by the Animal Hygiene Section, Ministry of Agriculture and Forestry for the period 23-29 October.

<u>Prefecture</u>	<u>Disease</u>	<u>No. of Cases</u>
Hiroshima	Blackleg	2
Chiba	Filariasis (horse)	1
Fukui	Swine Erysipelas	12
Kochi	Swine Erysipelas	1
Niigata	Swine Erysipelas	1
	Piroplasmosis	1
Hokkaido	Equine Encephalomyelitis	19

Note: All equine encephalomyelitis cases were reported as suspects.

SECTION III

NURSING AFFAIRS DIVISION

National Association

A two day meeting was held in Tokyo 29-30 October for all the Prefecture Branch Association presidents and the Board members of the National Association. Plans were discussed and formulated.

Publications

The third edition of the Nursing Procedure Manual is now available at the price of ¥120.00. Send orders direct to Medical Friend, Dr. C. Ohta, Tokyo, Japan.

SECTION IV

SUPPLY DIVISION

General

The first convention of the Japan Pharmaceutical Association was held in Kyoto 22 - 25 October. The newly elected officers of the Association were installed, and talks and papers presented by members.

On 24 October, the Chief, Public Health and Welfare Section addressed the convention stressing the importance of cooperation among the various members of the team composed of the professions concerned with public health and welfare in Japan, of which team the profession of pharmacy is a key member. He stated that "there is a new era in Japan, and there is a new era in pharmacy beginning right now". As example of a failure of the pharmaceutical profession, he cited the poor results from the recently distributed hexylresorcinol manufactured in Japan, which destroyed the faith of the public and of the doctors, nurses and nutritionists in this very important anthelmintic drug. "The day of dispensing non-potent drugs under fraudulent claims is over", he stated. He reminded the audience that the capabilities are here in Japan to carry out the obligation to produce only first class drugs: the facilities for manufacture, the materials, either indigenous or imported, and the knowledge necessary.

In a talk at the opening session of the convention, the Chief, Supply Division, Public Health and Welfare Section, discussed the new Pharmaceutical Affairs Law and the responsibility of the profession of pharmacy in the enforcement of the provisions of this Law so that the status of pharmacy in the country can be raised.

Production

A breakdown of fuel allocation (standard coal and lignite) by prefectures, for use in those hospitals attached to Universities, Medical Colleges, and other educational institutions under the jurisdiction of the Ministry of Education, is included in Inclosure No. 3. This allocation covers the period October, November, December, the 3rd Quarter, Japanese Fiscal Year 1948. (Unit: Metric Ton).

A similar breakdown is furnished in Inclosure No. 4 of solid fuel allocation (standard coal and lignite) by districts and prefectures, for October, November, December, the 3rd Quarter, Japanese Fiscal Year 1948, for use in National Hospitals and Sanatoria and for use in Public and Private Hospitals and Sanatoria. (Unit: Metric Ton). As in the case of Ministry of Education officials in the preceding paragraph, Ministry of Welfare officials have likewise mailed allocation tickets directly to the hospitals concerned.

A similar breakdown is furnished in Inclosure No. 5 of solid fuel allocation (standard coal, substandard coal, and lignite) by districts and prefectures, for use in Public Bathhouses, for October, November, and December (Unit: Metric Ton). Allocation tickets are mailed direct to the consumers while the Ministry of Welfare, at the same time, notifies by mail each prefectural health office of its detailed prefectural allocation breakdown.

A breakdown of the plan of allocation of liquid chlorine for chlorination of water by the water treatment plants and by the prefectures, for the period October, November, December is included in Inclosure No. 6. Allocation tickets were mailed on 24 October by the Ministry of Welfare direct to the cities and towns concerned. At the same time, the Ministry of Welfare notified each prefectural health office of the breakdown of allocations to the cities and towns within the given prefecture.

The total quantity allocated for this period, October - December, is a reduction below the quantities allocated for the previous two quarters of the Japanese Fiscal Year 1948. This reduction was necessitated by the critical shortage of fuel and power adversely affecting the production of liquid chlorine. Corresponding reductions, therefore, in prefectural and water treatment plants allocations, have become necessary.

A total of 3,940 pieces of the various types of DDT dusting and spraying equipment for insect control programs was produced during the period 17 - 23 October. Adequate inventory stocks are on hand to meet all requirements.

During the period 17 - 23 October, 65,642 lbs. of 10% DDT dust and 27,899 gallons of 5% DDT Residual Effect Spray were distributed. At the same time, 9,600 lbs. of 10% DDT dust and 55,800 gallons of 5% DDT spray were received, leaving inventory stocks on hand at regional warehouses of the Ministry of Welfare of 1,384,273 lbs. of 10% DDT dust, 432,608 gallons of 5% DDT spray, and 53,586 vials of typhus vaccine. Additional available stocks of typhus vaccine, already produced and passed national assay tests, in the hands of the biological manufacturing laboratories and factories, as of 1 October, totalled 620,460 cc.

Distribution

During the period 17 - 23 October a total of 1908 pieces of dusting and spraying equipment was distributed to 17 prefectures as follows:

<u>Prefecture</u>	<u>DDT Duster</u>	<u>Knapsack Sprayer</u>	<u>Semiautomatic Sprayer</u>	<u>Hand Sprayer</u>
Iwate	504			50
Akita		12		
Yamagata	48			
Ibaraki				120
Saitama		1		
Tokyo	120	1		
Kanagawa			22	72
Toyama	96			
Fukui				100
Nagano	96			
Shizuoka		20		
Wakayama	224	56	6	
Shimane	100		20	
Yamaguchi				30
Tokushima				100
Fukuoka			40	
Saga		70		
Total	1,188	160	83	472

SECTION V

NARCOTIC CONTROL DIVISION

Narcotic Training School

The Third Training School for Narcotic Agents opened in Tokyo 26 October and will continue through 2 November. Sixty-three agents were scheduled to attend but only 61 agents registered for the school since, without prior notice, one prefecture failed to dispatch two agents who were engaged in an important investigation. The Narcotic Section, Ministry of Welfare, has notified the prefecture concerned that approval is not given to the action taken since the basic training is considered of primary importance.

Information Relative Investigations

Any information relative to a narcotic violation received by Military Government Teams should be passed immediately to narcotic agents in the prefecture. No special instructions need be given since all the narcotic agents have received instruction and training in the proper procedure. The information, when it reaches the Narcotic Control Division, Public Health and Welfare Section, will be passed with instructions to the narcotic agents through the Ministry of Welfare. However, there is a considerable loss of time occasionally through the latter procedure and the investigation will be speeded through prompt action on the part of Military Government Teams.

Penalties

One prefecture reported that eight defendants, adjudged guilty, were fined from ¥1500 to ¥2500. Such minimum penalties will not act as deterrents to willful violators of the law. In those cases in which fines are indicated as sufficient punishment, maximum or near-maximum amounts for willful violators should be demanded by procurators.

SECTION VI

WELFARE DIVISION

Helen Keller Tour

Upon completion of a two-month schedule of public appearances which included appeals in behalf of the deaf and dumb and the blind, Miss Helen Keller and her companion, Miss Polly Thomson, departed for the United States aboard the U.S.A.T. David T. Shanks from Yokohama, 28 October.

During her tour in Japan, Miss Keller made visits in 15 urban centers, including the six largest cities and addressed more than 25 public assemblies and 30 press conferences as well as innumerable impromptu platform appearances at cities not included in the tour schedule. As an outgrowth of Miss Keller's second visit in Japan - her first visit being in 1937 - associations and societies for the deaf, dumb and the blind have concurred in a plan to unite in an informational organization to preclude duplication of services and to assure coverage of fields not now included within the scope of any current public or private rehabilitative activity.

The interest in the physically handicapped re-kindled by Miss Keller's visit will require local husbanding to maintain steady, forward progress, to obviate tangential movements or misplacement of long range objective.

Child Welfare

Attached to this Bulletin is a copy of informational material sent to prefectures by the Ministry of Welfare concerning the functions of the Child Welfare Official and the Child Welfare Worker. (See Inclosure No. 7).

Cooperative for American Remittance to Europe and to the East (CAPE)

The second shipment of CARE food packages (oriental pack) arrived in Yokohama aboard the S.S. Pioneer Tide on 16 October. This shipment totaled 9,997 packages.

CAPE, Inc. has received import licenses to cover the import into Japan, through August 1949 of the following types of packages:

Type	Quantity
Food (oriental pack)	100,000
Cotton goods	20,000
Woolen goods	20,000
Blanket pack	20,000
Knitting wool	20,000

SECTION VII

SOCIAL SECURITY DIVISION

National Health Insurance

A copy has been received of the English Edition of Official Gazette, dated 15 August, 1948, which contains Ministry of Welfare Ordinance No. 38 of Revised Enforcement Regulation to the National Health Insurance Law. This release, of special interest to Public Welfare Officers of Military Government Teams, can be obtained from the Government and Legal Offices of each Team. An English translation of the National Health Insurance Law, basic to the above-mentioned enforcement regulation, has been completed and is being released to each Military Government Team.

Social Insurance Statistics

In continuation of the current publication of benefit statistics begun in the preceding issue of the Public Health and Welfare Weekly Bulletin, available data on the society-managed part of Health Insurance (Kumiai Kansho Henko Hoken) are published in this issue (Inclosure No. 8). For a brief summary of the Health Insurance program, particularly its government-managed part, reference is made to the preceding issue.

The society-managed part of the Health Insurance system is based on the national law and is supervised by the national and the prefectural governments. However, each of the Health Insurance Societies, (totalling 710, as of the end of July, established in enterprises employing not less than 300 workers,) administers its program independently. While all Health Insurance Societies must grant the statutory benefits, some of them grant more liberal benefits and most grant additional benefits over and above those prescribed by law. Their more liberal benefit policy is made possible chiefly by direct as well as indirect subsidization by employers over and above their contributions to match the employees' contributions as required by law. Thus total contributions often exceed 3.6% of the taxable wage (the first ¥8,000 per month). A small subsidy is received from the national government covering a part of the administrative cost.

As under government-managed Health Insurance, benefits are granted only for sickness and injuries of other than occupational origin. On 31 July, the number of primary insured under society-managed Health Insurance was 2,379,972. (In the last issue of the Bulletin this figure was given by mistake for the government-managed part of the program. This should have been 2,799,263).

Although monthly operational reports are received from all societies, it has proved impossible to prepare complete summations each month. Hence, a sample has been selected, with due regard to the industrial and size distribution among the Health Insurance societies, representing between one-eighth and one-ninth of the total number of societies and roughly 10% of the total number of insured. The figures shown here are based on this sample with minor variations due to delayed reporting.

SECTION VIII

MEMORANDA TO THE JAPANESE GOVERNMENT

Negative.

C. S. Mallahan
CRAWFORD F. SAMS
Brigadier General, Medical Corps
Chief

11 Inclosures:

1. Copy of The Sun Photo Times re: Public Health Programs (for information to Military Government Teams only)
2. English translation of Photo Titles (for information to Military Government Teams only)
3. Fuel Allocation for Use in Ministry of Education Hospitals for October, November and December 1948.
4. Allocation of Standard Coal and Lignite to National Hospitals and Sanatoria and Public and Private Hospitals and Sanatoria for October, November and December 1948.
5. Allocation of Standard Coal, Substandard Coal and Lignite to Public Bathhouses for October, November and December 1948.

Inclosures:

6. Allocation for Liquid Chlorine for Water-works and Sewerage for October, November and December 1948.
7. Outline of the Functions of the Child Welfare Official and Child Welfare Worker.
8. Benefits granted under Society-managed Health Insurance (Kumiai Kansho Kanko Hoken), Fiscal Year 1948/49 by Month.
9. Monthly Summary of Vital Statistics in Japan - August 1948.
10. Weekly Report of Communicable Diseases and Venereal Disease in Japan, Week Ended 23 October.
11. Annex to Weekly Bulletin (Information to Military Government Teams only).

Inclosure Nos. 1, 2, and 11 missing



FUEL ALLOCATION (STANDARD COAL AND LIGNITE)
For Use in Ministry of Education Hospitals
for October, November, December 1948
(Unit: Ton)

District	Prefecture	Address	Name of School	Coal	Lignite
Hokkaido	Hokkaido	Kitahachiyo Sapporo	Hospital attached to Hokkaido Univ.	2,415	
		Noboribetsu Onsen-machi, Horobetu-gun	Noboribetsu Branch Hospital attached to Hokkaido Univ.	30	
		Sapporo City	Womens Medical College established by Hokkaido-cho	800	
				3,245	
		Sub-total			
Tohoku	Aomori	Zaifu-machi, Aomori City	Aomori Medical College	30	
	Iwate	Uchimaruru, Morioka City	Iwate Medical College	30	
	Miyagi	Katahira-cho, Sendai City	Tohoku Univ.	500	460
	Fukushima	Mikayakitamachi, Fukushima-ken	Fukushima Prefectural Womens Medical College	50	
		Sub-total		610	460
Kanto Shinetsu	Gunma	Iwagami-cho, Maebashi City	Maebashi Medical College	5	
	Chiba	Ibana-machi, Chiba City	Chiba Medical Univ.	240	40
	Tokyo	Iidabashi, Chiyoda-ku	First Hospital attached to Nippon Medical University	105	
		Sendagi-cho, Bunkyo ku	Second Hospital attached to Nippon Medical University	50	
		Kosugi-machi, Kawasaki City	Third Hospital attached to Nippon Medical University	10	
		Shinano-machi, Shinjuku-ku	Hospital attached to Keio University	70	10
		Atago-machi, Shibaku	Tokyo Jikei-kai Medical University	50	
		Aoto-machi, Katu-shika-ku	Aoto Branch Hospital attached to Jikeikai University	15	
		Hongo, Bunkyo-ku	Juntendo Medical Univ.	40	
		Higashio-ku	Tokyo Medical Univ.	50	
		Shinjuku-ku			
		Otani-machi, Itabashi-ku	The Medical Faculty of Nippon Univ.	30	
		Motofuji-machi, Bunkyo-ku	Tokyo University	600	
		Zoshigaya, Bunkyo-ku	Zoshigaya Branch Hospital attached to Medical Faculty of Tokyo University	50	
	Nagano	Asahicho Matsumoto City	Matsumoto Medical College	10	
	Tokyo	Shiroganedai-machi Shiba	Infectious Diseases Research Institute	40	
		Miyashiro-cho, Shibuya -ku	Women's Medical College Attached to Red Cross Hospital	40	
		Kawada-cho, Shinjuku ku	Tokyo Women's Medical College	55	

District	Prefecture	Address	Name of School	Coal	Lignite
Kanto	Tokyo	Omori, Omori-ku	Toho Medical Univ.	15	
		Fujimi-cho, Chiyoda-ku	Nippon Dental Univ.	10	
		Kitasenzuku-machi, Omori-ku	Nippon Women's Dental Medical College	3	
		Hirazuka, Shinagawa-ku	Shōwa Medical Univ.	105	50
		Yushima, Bunkyo-ku	Toyo Women's Dental Medical College	2	
		Yushima Bunkyo-ku	Tokyo Dental-Medical University	5	
	Kanagawa	Urafune-machi, Minami-ku	Yokohama Municipal Medical College	30	
	Niigata	Asahi-machidori, Niigata city	Niigata Medical Univ.	240	
		Sub-total		1870	100
Tokai-Hokuriku	Ishikawa	Chitoriba, Naga-machi, Kanazawa City	Kanazawa Medical University	300	
	Gifu	Hongo-machi, Gifu City	Gifu Prefectural Women's Medical College	101	
	Aichi	Higashi-ku, Nagoya City	Nagoya Univ.	100	100
		Yatomi-machi, Showaku	Nagoya Women's Med. College	100	
	Mie	Otani-machi, Tsu City	Mie Prefectural Medical College	10	
	Isikawa	Izumihon-machi, Kanazawa City	Consumptive Sanatorium attached to Kanazawa Medical Col.	9	
		Sub-total		620	100
Kinki	Kyoto	Sakyo-ku, Kyoto	Kyoto University	510	
		Kamikyo-ku, Kyoto	Kyoto Medical Univ.	400	180
		Kyoto-Fu	Women's College attached to Kyoto Medical University	20	
	Osaka	Kitaku, Osaka City	Osaka University	200	
		Makikata-machi, Kochigun	Osaka Women's High Medical College	60	
		Higashi-ku, Osaka	Hospital attached to Osaka Dental Medical College	5	
		Kitaku, Osaka City	Osaka Municipal Medical College	60	
		Takatsuki City, Osaka-fu	Osaka Medical Univ.	75	
	Hyogo	Kusunoki-machi, Kobe City	Hyogo Prefectural Medical University	125	
	Nara	Yagi-machi, Takaichigun	Nara Prefectural Medical College	50	
	Wakayama	Bisono-machi, Wakayama City	Wakayama Prefectural Medical College	25	
		Sub-total		1530	200
Chugoku	Tottori	Nishi-machi, Yonago City	Yonago Medical Univ.	-	
	Okayama	Okayama City	Okayama Medical Univ.	130	
	Hiroshima	Futakawa-machi, Kure City	Hiroshima Medical College	150	
		Sub-total		280	

District	Prefecture	Address	Name of School	Coal	Lignite
Yamaguchi	Yamaguchi	Nakaube, Ube City	Yamaguchi Prefec- tural Medical Col.	90	
		Sub-total		90	
Shikoku	Shikoku	Yamashiro-machi, Toku- shima City	Tokushima Medical College	25	
		Sub-total		25	
Kyushu	Fukuoka	Hacozaki-cho, Fukuoka City	Kyushu University	900	
		Asahi-machi, Kurume City	Kurume Medical Univ.	260	
		Kokura City	Fukuoka Prefectural Medical-Dental Col.	10	
	Nagasaki	Kozen-machi, Naga- saki City	Nagasaki Medical University	110	
	Kumamoto	Honjo-machi, Kuma- moto City	Kumamoto Medical University	290	
	Oita	Zurumihara, Beppu City	Research Institute for Hot Spring of Kyushu University	50	
	Kagoshima	Kamoike-machi, Kago- shima City	Kagoshima Prefectural Medical College	10	
		Total		1630	
		GRAND TOTAL		990	860

ALLOCATION OF STANDARD COAL AND LIGNITE
 To National Hospitals and Sanatoria
 To Public and Private Hospitals and
 Sanatoria for October, November, December
 (Unit: Metric ton)

District	Prefecture	Nat'l Hospitals & Nat'l Sanatoria		Public & Private Hospitals & Sanatoria	
		<u>Standard Coal</u>	<u>Lignite</u>	<u>Standard Coal</u>	<u>Lignite</u>
Hokkaido	Hokkaido	<u>2,586</u>		<u>8,778</u>	
	Total	2,586		8,778	
Tohoku	Aomori	570	63	112	240
	Iwate	107	45	376	170
	Miyagi	426	280	595	285
	Akita	155		75	
	Yamagata	86		197	255
	Fukushima	<u>269</u>	<u>87</u>	<u>123</u>	
	Total	1,613	475	1,478	950
Kanto	Ibaraki	498	27	582	
	Tochigi	111		87	
	Gumma	220	9	202	
	Saitama	217	111	525	
	Chiba	890	21	137	
	Tokyo	1,945	203	2,976	
	Kanagawa	822	42	980	
	Yamanashi	66		15	
	Nagano	482	96	406	105
	Niigata	<u>282</u>	<u>201</u>	<u>352</u>	<u>75</u>
	Total	5,533	710	6,312	180
Tokai-Hokuriku	Shizuoka	435		256	
	Aichi	291	126	808	320
	Mie	229	54	295	
	Gifu	245	135	281	
	Ishikawa	403	60	125	
	Toyama	<u>122</u>		<u>377</u>	
	Total	1,725	375	2,142	320
Kinki	Shiga	33	24	244	70
	Kyoto	598		1,133	30
	Osaka	1,110		1,747	
	Fukui	109	36	86	
	Hyogo	547		1,074	
	Nara	73	30	31	
	Wakayama	<u>18</u>		<u>64</u>	
	Total	2,488	90	4,379	100
Chugoku	Tottori	22		45	
	Shimane	196		161	
	Okayama	743		446	
	Hiroshima	<u>563</u>		<u>679</u>	
	Total	1,524		1,331	
Yamaguchi	Yamaguchi	<u>576</u>		<u>428</u>	
	Total	576		428	
Shikoku	Tokushima	135		45	
	Kagawa	306		87	
	Ehime	138		287	
	Kochi	<u>62</u>		<u>37</u>	
	Total	641		456	

District	Prefecture	Nat'l Hospitals & Nat'l Sanatoria		Public & Private Hospitals & Sanatoria	
		Standard	<u>Lignite</u>	Standard	<u>Lignite</u>
		<u>Coal</u>		<u>Coal</u>	
Kyushu	Fukuoka	1,171		663	
	Saga	428		361	
	Nagasaki	627		859	
	Kumamoto	330		102	
	Oita	358		83	
	Miyazaki	109		247	
	Kagoshima	<u>291</u>		<u>41</u>	
	Total	3,314		2,356	
GRAND TOTAL		20,000	1,650	27,660	1,550

ALLOCATION OF STANTART COAL, SUBSTANDARD
COAL, AND LIGNITE TO PUBLIC BATH HOUSES
FOR OCTOBER. NOVEMBER AND DECEMBER
(UNIT: METRIC TON)

District	Prefecture	Standard Coal	Lignite	Sub-Standard Coal
Hokkaido	Hokkaido Total			<u>500</u> 500
Tohoku	Aomori Iwate Miyagi Akita Yamagata Fukushima Total	 50 <u>50</u>		50 50 80 50 50 <u>280</u>
Kanto	Ibaraki Tochigi Gunma Saitama Chiba Tokyo Kanagawa Yamanashi Nagano Niigata Total	50 50 100 50 1,700 450 50 50 <u>200</u> 2,700	 15 30 45 800 100 <u>10</u> 1,000	 50 100 200 100 2,700 700 50 <u>3,900</u>
Tokai-Hokuriku	Shizuoka Aichi Mie Gifu Ishikawa Toyama Total	50 150 <u>50</u> 250		300 1,000 250 120 200 <u>100</u> 1,970
Kinki	Shiga Kyoto Osaka Fukui Hyogo Nara Wakayama Total	 200 700 50 350 <u>1,300</u>		100 400 1,900 200 750 100 <u>150</u> 3,600
Chugoku	Tottori Shimane Okayama Hiroshima Total	 50 <u>50</u> 100		50 50 150 <u>200</u> 450
Yamaguchi	Yamaguchi Total			<u>100</u> 100
Shikoku	Tokushima Kagawa Total	 <u>50</u> 50	 <u>50</u> 50	50 <u>50</u> 100

District	Prefecture	Standard Coal	Lignite	Sub-Standard Coal
Kyushu	Fukuoka			400
	Saga	100		250
	Nagasaki	50		200
	Kumamoto	50		200
	Oita			150
	Miyazaki	50		
	Kagoshima			100
	Total	250		1,300
GRAND TOTAL		4,700	1,050	12,200

ALLOCATION OF LIQUID CHLORINE FOR
WATER-WORKS AND SEWERAGE
for October, November, December 1948
(Unit: Kgs.)

PREFECTURE	WATER TREATMENT PLANT	ALLOCATION (kg.)
Hokkaido	Sapporo City	1,800
	Hakodate City	3,850
	Otaru City	1,800
	Muroran City	1,100
	Kushiro City	550
	Iwamisawa City	100
	Hiroo Town	100
	Nihon Seiko Co., Ltd. (Muroran Fact.)	150
Aomori	Aomori City	900
	Hirosaki City	100
	Hachinoe City	400
Iwate	Morioka City	600
	Ichinoseki City	100
	Nihon Seitestu Kamaishi Co.Ltd.	200
Miyagi	Sendai City	5,650
	Kamaishi City	200
	Shiogama City	1,050
	Kisennuma City	100
	Watanami City	50
Akita	Akita City	900
Yamagata	Yamagata City	1,550
	Tsuruoka City	250
	Tendo Town	250
	Akagata Town	100
	Kamiyama Town	50
	Sakata City	150
	Tateoka Town	100
	Higashiyama Village	150
Fukushima	Fukushima City	1,350
	Wakamatsu City	2,350
	Koriyama City	900
	Taira City	250
	Nakamura Town	400
	Sukagawa Town	200
	Shikura Town	50
	Onahama Town	100
	Enamachi Town	50
	Motomiya Town	100
	Yumoto Town	300
	Kureha Kagaku Kogyo Co., Ltd. (Nishikimachi)	1,200
	Nakosomachi Nihon Tanko	500
	Nihon Boseki Fukushima Fact.	750
Ibaraki	Mito City	250
	Ota Town	50
	Hitachi Suido Co., Ltd.	650
Tochigi	Utsunomiya City	550
	Shikau Town	50
	Ashikaga City	100

Gumma	Maebashi City	150
	Takasaki City	350
	Kurifu City	300
	Numata City	100
	Ota City	700
Saitama	Tokorozawa City	150
	Hanno Town	100
	Saitama-ken Minamikumiai	400
Chiba	Chiba-ken Suido Office	1,600
	Choshi City	100
	Higashi Kanamachi	50
	Sakura Town	100
	Boshu Suido Kumiai	50
	Katsuura Town	50
	Noda Shoyu Co., Ltd.	100
	Kisarazu City	100
	Mohara Town	100
	Kisarazu Suido Kumiai Co.	150
Tokyo	Tokyo Suido Kyoku-cho	282,000
	Hachioji City	100
	Aome Town	100
	Suido Sanko Co., Ltd.	150
	Isomura Sangyo Co., Ltd.	200
	Shiyama Kogyo Co., Ltd.	150
Kanagawa	Yokohama City	72,000
	Yokosuka City	15,000
	Kawasaki City	28,000
	Kanagawa Suido-kyoku	15,000
	Sagamihara Suido	900
Yamanashi	Kofu City	1,450
	Tanimura City	50
	Otsuki Town	50
	Uenohara Town	100
	Shimoyoshida Town	150
Nagano	Nagano City	1,750
	Matsumoto City	1,200
	Suwa City	550
	Ueda City	1,650
	Iida City	350
	Okaya City	500
	Kawagishi City	100
	Hongo Village	150
	Heitoku Town	150
Niigata	Niigata City	2,000
	Nagasaki City	150
	Takada City	250
	Sanjyo City	250
	Kashiwazaki City	350
Aichi	Nagoya City	54,000
	Toyohashi City	1,650
	Okazaki City	1,350
	Ichinomiya City	350
	Seto City	450
	Handa City	150
	Toyokawa City	250
	Mitani Town	150
	Inuyama Town	150
	Nagoya Railway Co., Ltd.	50

PREFECTURE	WATER TREATMENT PLANT	ALLOCATION (kg.)
Mie	Yokkichi City	50
	Tsu City	800
	Kuwana City	150
Gifu	Gifu City	700
	Mizunami Water Supply	100
Fukui	Fukui City	550
	Maruoka Town	50
Ishikawa	Kanazawa City	4,600
	Komatsu City	200
	Yamanaka City	100
Toyama	Takaoka City	400
Shiga	Otsu City	1,250
Kyoto	Kyoto City	80,000
	Fukuchiyama City	200
	Maizuru City	2,200
	Miyatsu Town	250
	Kizu Town	50
Osaka	Osaka City	40,250
	Sakai City	950
	Fuse City	600
	Kishiwada City	100
	Toyonaka City	400
	Ikeda City	400
	Ozumiotu City	150
	Kaizuka City	100
	Moriguchi City	250
	Takaishi City	50
	Hachio City	100
	Maidata City	100
	Ibaragi City	100
	Fukida City	900
	Yamato Boseki Co., Ltd.	600
	Sumimiu Water Co., Ltd.	50
	Eisei Shisetsu	600
	Dai Nihon Cotton Spinning Co.	100
Hyogo	Kobe City	16,000
	Himeji City	750
	Amagasaki City	900
	Nishinomiya City	350
	Akashi City	200
	Sumoto City	100
	Ashiya City	300
	Itami City	200
	Aio City	200
	Akaho City	100
	Takasago Town	450
	Sumiyoshi Town	150
	Fukura Town	50
	Yamazaki Town	300
	Koshien Water Supply	450
	Hanshin Water Supply	15,000
	Osaka Railway Co., Ltd.	100
Nara	Nara City	3,000
	Koriya City	400
	Tanba City, Town Water Supply	50

PREFECTURE	WATER TREATMENT PLANT	ALLOCATION (kg.)
Wakayama	Wakayama City	400
	Niinomiya City	50
Tottori	Tottori City	2,350
	Yonago City	150
	Kurayoshi Town	50
Shimane	Matsue City	300
	Hamada City	50
Okayama	Okayama City	300
	Tamashima City	100
	Kurashiki City	150
	Tsuyama City	100
	Nishidaigi Town	100
	Katayama Kaniibe Water Supply	150
Hiroshima	Hiroshima City	5,350
	Kure City	10,000
	Onomichi City	350
	Fukuyama City	600
	Mitsuhara City	250
	Yamamoto Iron Factory	150
Yamaguchi	Yamaguchi City	500
	Shimonoseki City	2,100
	Ube City	1,500
	Tokuyama City	450
	Hagi City	250
	Iwakuni City	200
	Onoda City	200
	Hikari City	200
	Yanagii Town	150
	Yamaguchi-ken	550
	Toyo Steel Co., Ltd.	150
	Kobe Seiko Co., Ltd.	50
Tokushima	Hitachi Factory	50
	Tokushima City	900
	Naruto City	550
Kagawa	Tachibana City	100
	Takamatsu City	550
	Marugame City	200
	Kannonji Town	50
Ehime	Sakadi City	250
	Matsuyama City	250
	Uwajima City	250
	Imaji City	250
Kochi	Kochi City	1,200
	Yadoge Town	100
Fukuoka	Kurume City	600
	Moji City	1,650
	Wakamatsu City	150
	Omuta City	1,350
	Tobata City	1,300
	Iizuka City	50
	Yahata City	2,700
	Nakama Town	100
	Nihon Iron Co., Ltd.	400
	Nihon Iron Co., Ltd. (Hirohata Factory)	250
	Tagawa City	100
	Naokata City	200

PREFECTURE	WATER TREATMENT PLANT	ALLOCATION (Kg.)
Fukuoka	Mitsui Mining Co., Miike Fact.	1,350
Saga	Saga City	100
	Karatsu City	100
Nagasaki	Nagasaki City	1,650
	Saseho City	5,050
Kumamoto	Kumamoto City	4,000
	Mizumata Town	100
	Motowatari Town	50
Oita	Oita City	900
	Nakatsu City	450
	Saganoseki Town	100
	Beppu City	1,300
	Saeki Town	350
Fukushima	Nihon Cotton Co., Fukuyama Fact.	450
Osaka	Takatsuki City	50
	Tadaoka Town	100
	Tondabayashi Town	50
Hyogo	Furiiichi Town	50
	Kashiwara Town	150
	Sakagoshi Town	250
Wakayama	Tanabe City	100
Kumamoto	Arao City	100
Kagoshima	Kagoshima City	2,400
Okayama	Teikoku Cotton Tamashima Co., Ltd.	100
Miyazaki	Miyazaki City	600
Yamagata	Tanichi Town	100
Chiba	Narita Town	50
	Kimitsu Town	50
Wakayama	Shirahama Water Co., Ltd.	200
Niigata	Shinhatsuda City	100
	Niitsu Town	50
	Mizuhara Town	100
	Mitsuke Town	100
	Tsubame Town	200
	Maki Town	100
	Shirane Town	50
	Kameda Town	50
	Kosudo Town	50
Shizuoka	Shizuoka City	300
	Hamamatsu City	300
	Shimizu City	300
	Atami City	200
	Takegawa Town	50
GRAND TOTAL		760,000 kgs.

Note: This informational material was issued in October by the Children's Bureau to all Prefectures.

Outline of the Functions of the Child Welfare
Official and the Child Welfare Worker

I. Responsibility.

Both the child welfare official and the child welfare worker are the end organs of the field who come in direct contact with the children and their families in consultation and guidance. It is their responsibility to watch the children in the assigned area and to find out whether their well-being is safeguarded or not, education carried out properly or not, what kinds of play the children have, if they are not cruelly employed etc. and give them necessary consultation and guidance on one hand while taking proper procedures for the children and expectant and nursing mothers in need of special care on the other. They must know the general condition of the assigned area, watch the children's way of thinking in the changing social order, know the individual situation of the children, expectant and nursing mothers in need of special care and with the accurate data and fair judgment they must give assistance and guidance individually and in group.

The child welfare officials are the persons who are to be fully engaged in the above services.

But they are not many in number to be appointed, i.e. only three hundred and odd numbers throughout the country. Although most of the child welfare workers have the regular occupations of their own, there are as many as nearly 130,000 of them. The full-time service of the child welfare official and the far-reaching organization of the child welfare workers covering every stratum of the community, i.e. a child welfare worker for every 600 population will, it is hoped, strengthen each others weaknesses.

II. What you should know about your assigned area.

It is a basic need for the child welfare official and the child welfare worker to know the actual situation of their community in order to promote the child welfare and give adequate care and guidance for the child in their community.

The following are the points they ought to know.

1. Population and the family construction.
Numbers of people, families, expectant and nursing mothers, children (infants, pre-school children and school children); orphan, delinquent, feebleminded, physically weak, crippled, blind, deaf, dumb, and cruelly treated children etc., children classified by school they attend, the children admitted to the child welfare agencies, the widows with dependent children and the families in need of public assistance etc.
2. Population and vital statistics of the families.
Numbers of birth, child mortality, miscarriage, stillbirth, and population removed in and out.
3. Vocations.
Classified numbers of vocations. Incomes, number of the unemployed, employment of mothers and children etc.
4. Health conditions.
Conditions about the children's contagious and other diseases. Working conditions of the hospital, dispensary, health center etc. and the level of the people's knowledge on health and hygiene in the community etc.
5. Educational conditions.
Children's attendance, educational level of children and the guardians, utilization of the children's library etc. and the

general attitude of the people toward education etc.

6. Conditions of the child welfare agency.
Equipment, personnel, the children admitted and its functions etc.
7. And other points such as the trend of juvenile delinquency and the conditions of reading, recreation, playground, dwellings and the distributions of necessities (especially for children) etc.

It is understood that the child welfare workers may not be able to investigate all of the above items as the most of them are occupied by their own work. They can find out about the numbers of population and families at the municipal office and the trend of juvenile delinquency at the police office. By securing thus the cooperation of the prefectural, city, town or village office, the school, police office, the child welfare agencies, juvenile court, employment exchange office, labor standard supervisory office, health center, P.T.A., the women's association, the young men's association, the cultural organizations etc., they may find out the materials needed. It is, however, very desirable that if they can find time they should make the first-hand investigations.

With the child welfare official, the area is too extensive for this for one worker even if on full time, a plan for a certain problem will be made and worked out gradually to other problems within the area.

It is most desirable for the promotion of child welfare that the cases thus worked out will be used as study materials for the child welfare workers' conference, comparative studies with those of other areas will be made, used as materials for the child welfare workers for individual as well as group work, its statistics and graphs will be posted on the wall of the office of Minsei-in and the hall where the child welfare workers' conference is usually held and the materials will be distributed to the concerned peoples.

Beside the services mentioned above, the child welfare official and child welfare worker may be requested by the child welfare station to make certain investigations. Such investigations are usually on the children with special problems. And it is hoped that by utilizing and known facts the report should be made as synthetically as possible.

It is hoped also that they will cooperate for the development of the new foster home system inaugurated by the Child Welfare Law. As children will be more benefited by normal home life than in group in the institution (preferably two or three or less children in a family), they can help to find out the foster parent applicant for whom the application procedure should be taken by the worker.

III. Consultation and guidance in practice.

A. Case work (individual guidance).

What has been said in II is on the community survey and here in III we are going to touch on the actual case work service activities.

1. Making the child's record.

- (1). A social record for which each of Metropolis, Hokkaido and Prefectures set its form is to be made for the child and expectant and nursing mothers in need of special care who were brought for the consultation and guidance or found in the courses of the social survey and used as basic material for the guidance.
- (2). The children and the expectant and nursing mothers in need of special care mean those who need the health guidance card for health guidance, protection and guidance by the child welfare official or worker, who need to be reported to the child welfare station, admission to the child

welfare agency or the action for the procedure to prohibit the cruel treatment etc., i.e. the children and the expectant and nursing mothers for whom the procedures are provided in Chapter 2 of the Law.

- (3). In making the child's record the home visit as well as getting in touch with school and other sources should be made in order to get accurate facts besides just interviewing the child or his guardian.
- (4). The home investigation of the children in need of special care must be made tactfully, safeguarding their individual privacy. Such family secret should never be revealed by the worker.

2. Health consultation of expectant and nursing mothers.

- (1). Child Welfare Law requires all the pregnant women to report their pregnancy to the mayor of city, town or village with the written diagnosis by a physician or a midwife to get the maternal-and-child handbook as soon as possible. The worker should help for the procedure and to receive the guidance for these pregnant women.
- (2). The pregnant and nursing mothers and the guardians of infants and pre-school children should be urged to have health guidance and, in case any of them cannot afford to meet its expense, the child welfare official or worker should help them to submit the application for the health guidance card with the certification of the child welfare official or worker to the governor of Metropolis, Hokkaido or the prefecture through the mayor of city, town or village and get the card for them.
- (3). The Law provides for the expectant and nursing mothers who cannot afford to meet the expense in spite of the need with the admission to the lying-in agency by the mayor of city, town or village. While there are not many of the lying-in agencies in existence yet, in any community where there is, such mothers must be helped for the admission to it by taking the procedure by the Law. And in the community where there is not, they must be helped by noninstitutional delivery service under Daily Life Security Law or any other facility for maternity service.
- (4). For the expectant mothers in special situations (illegitimacy, etc.) specific attention must be paid for their delivery in the lying-in agency, social guidance after delivery and the welfare of their children after birth taking account of their individual environmental situation.

3. Health guidance and protection of infants and pre-school children.

- (1). For the nursing mothers who are handicapped for the care of infants due to the lack of breast milk or insufficient milk the arrangement for securing the artificial feeding food products or the human milk must be made.
- (2). For the infants who cannot receive adequate care due to the family circumstance or health condition of the family, social guidance and the arrangement for admission to the infant home or the home for physically weak children shall be made.
- (3). For the foundling and the children without the maternal-and-child handbook, immediate arrangement to get it from the office of city, town or village must be made for them.

- (4). For the infants and the pre-school children whose guardians have to work out and are unable to take care of them during the daytime, the families must be helped to have the children admitted to day nurseries. In case no day nursery is available in neighborhood, the effort to find out the day care foster parent, the individual family home who takes care of the child during the daytime, must be made. It is a very good idea for the child welfare official or worker to work for the ground or urge the company or the factory where these guardians work to establish a day nursery or to devise for facilitating a seasonal day nursery for the farm seasons.

4. Protection of mother with dependent children.

- (1). The family with just mother with dependent children needs the protection by the child welfare official or worker. Such family with the problem of housing must be helped for the admission to a mothers' home if available by taking proper procedure to the mayor of the city, town or village. House or room should be found for them where there is no mothers' home.
- (2). It is very important to lead such family to become self-supporting by finding out a suitable job for the mother or child, or taking the procedure for her to borrow the occupational fund.
- (3). It is also important to give consultations on the problems of education and the leisure hour guidance for the children without the father and general social adjustment of the clothing, food and housing problems of the families of mothers and children.
- (4). It is more desirable to assign women child welfare official or worker for the family with mother and children.

5. Protection of children at large.

- (1). School attendance is of vital importance for the normal life of the children of school age. The worker should keep in touch with the home and the school and encourage the children who do not attend the school to attend while eliminating the cause of non-attendance in their home.
- (2). Prohibition of certain employment of the children is provided by Labor Standard Law with its detailed regulations. The employment which is allowed for the children under twelve years of age is, acting for motion picture production, theatrical performance or one specified with permission of the authority. Those allowed for the children over twelve and under fifteen are just with the children over fourteen years of age and who have completed the compulsory education or permitted by the administrative office for the employment out of school hours.

The children under eighteen years of age are prohibited for midnight labor and protected by other provisions. So the workers should cooperate with Labor Standard Supervisory Office for prevention of the violation of Labor Standard Law and for promotion of child welfare.

- (3). The trend of juvenile delinquency is one of the biggest problems of present days. Close watching over the children's play, reading, recreations etc., meeting to discuss the problems on this subject, guidance of the children as well as their families by various methods, and early discovery and individual guidance at early stage with the cooperation of police office, school and others concerned must be made.

- (4). The following actions are absolutely prohibited by Child Welfare Law. In case any of these was found a warning must be given and if necessary the procedure to stop it must be taken with cooperation of concerned people.
- (a) Making the show of the deformed or crippled children.
 - (b) To let children beg or to beg by means of the child.
 - (c) To let the children under fifteen years of age act the acrobatic feats and circus riding for the public show.
 - (d) To let the children under fifteen years of age sing, play or make other performances from house to house, on the street or the similar places with the purpose of public show.
 - (e) To let the children under fifteen years of age engage in the occupations to wait on where the liquors are served (Geisha, Hangyoku, Shakufu, Cafe waitress).
 - (f) To let the children practice the obscene act.
 - (g) To transfer the custody of the child to the person who is in danger of practicing any of the actions described in the preceding items or in the danger of violating any of the penal laws about the child with the knowledge of such facts, or to transfer it to other person with the knowledge of foregoing dangers involved.
- (5). There are not few instances which may not come under the foregoing items, for instance stepmother's cruel treatment for her stepchild or others cruelty to children. In case such cruel action which is in violation of the provisions of Child Welfare Law, Penal Code, Labor Standards Law etc. is practiced, the child welfare official or the child welfare worker is authorized to step in the child's residence, place where the child is or the child works in order to make the investigation of the cruelty. In such occasion he must carry with him the certificate issued by the governor of the prefecture to prove his competency and care must be taken not to infringe the personal right and freedom.

6. Protection of the children with special need.

- (1). Reporting. All the children without the guardian's (orphans and wanderers etc.), and the children with inadequate guardians (delinquent, abused, feebleminded, physically handicapped, blind, deaf, dumb and crippled children) must be reported at the child Welfare station when found. While it is the duty of all citizens at large, child welfare officials and child welfare workers are especially responsible.
- (2). There are occasions that the children are placed under their guidance by the head of the child welfare station and the governor of Metropolis, Hokkaido or the prefecture according to the provision. In such cases the guidance must be given with full understanding of "The reference for the guidance" issued by the head of the child welfare station or the governor.
- (3). In case there is any child in a child welfare agency, liaison with the child's home and the agency the child is admitted must be made in order to render the effective service.
- (4). With the children in need of special care who are living in their own home the attention must be paid on their problems

of education, physical care, vocation etc. and careful supervision must be given. And if available they should be admitted to the special class.

- (5). When a foster parent's guidance was asked by the child welfare station, the worker must make the home visit at regular interval, give necessary guidance, keep necessary record on the guidance record sheet, and report to the head of the child welfare station, with full understanding of the "Directions on the child care" issued by the head of the child welfare station.

B. Guidance in group.

1. It is desirable for the child welfare official and child welfare worker to work for the promotion of child welfare by guiding individual or family in group. The following are some suggestions in point.

- (1). Children's recreations, self-government training, promotion of the child care for the mothers etc. may be worked out at the children's playground, children's center, school, day nursery, mothers' home, settlement and social center, health center etc.
- (2). Guidance by children's club, children's organization, mothers' association leisure hour guidance association, boys and girls scouts.
- (3). Guidance through the children's meeting, exhibitions, conferences, motion pictures etc.

These activities may not necessarily be carried out by the child welfare official and worker themselves, but by the leaders of respective agency or organization with the formers' support or helping to organize people who would cooperate or by cooperation with Metropolis, Hokkaido, the prefecture, city, town, village or the organization concerned etc.

C. Exemption of expense.

The expense for the procedure to admit child or mother to the lying-in agency, mothers' home or the day nursery (Law, Art. 22-24) or to place the child with the foster home, admit to the infant home, the home for dependent, abused, neglected, or feeble-minded children or Kogoin (Law, Art. 27, Par 1 Item 3) (expenses before and after admissions) is to be charged to the inmate or the person who is responsible for the inmate. But in case they are not able to meet the expense, the exemption may be made. The child welfare official and child welfare worker must make a thorough investigation of such cases so that impartial determination of partial or whole exemption may be made. The child welfare official should ask the opinion of the child welfare worker before he will release his opinion and it is more desirable that the child welfare worker should discuss the problem at the child welfare workers' conference.

IV. Miscellaneous.

1. Child Welfare Workers' Conference.

- (1). The child welfare worker is an organ established for the first time by Child Welfare Law and it is necessary to have its work promoted by mutual studying in the child welfare workers' conference. As they are Minsei-iin at the same time, the conference may be conveniently held at the time Minsei-iin conference is held, and it should be held at least once in a month as there are enough cases to be discussed.
- (2). The following are the points to be dealt at the conference.

- (a). Report of study by the child welfare worker.
 - (b). Report on the current cases.
 - (c). Reduction and exemption of the expense for the child welfare procedure.
 - (d). Furthering the establishment of the child welfare agency.
 - (e). Diffusion of child welfare thought.
 - (f). Exchange of materials on the problems of children.
 - (g). Any other matters of the duty of the child welfare worker.
- (3). It is preferable that the child welfare official in charge of the area is invited to be present at the conference.
 - (4). It is also desirable that the necessary opinion and the material discussed at the conference will be submitted to the local Child Welfare Board through which they may be well-utilized for the local child welfare administrations.

2. The child welfare officials must have regular conference within Metropolis, Hokkaido or the prefectural unit for business liaison and studying.

3. The child welfare official's office should locate in the child welfare station or in the local office, branch office, city, ward, town or village offices, Minsei-in office or any appropriate child welfare agency in case there is no child welfare station in his area. He must work in the field as case worker and keep the record prescribed.

4. At present situation the child welfare official will probably have to work in the urban district and to become a coordinative organ for the rural districts. Any case the child welfare official is handling should be connected with the child welfare worker of the area where the child lives, the latter should refer any case i.e. delinquency, wanderer, cruelty, feeblemind, etc. with which he has found difficult to the child welfare official and thus mutual cooperation and coordination must be kept.

SOCIAL INSURANCE STATISTICS

Benefits granted under Society-managed Health Insurance (Kumiai Kansho Kenko Hoken), Fiscal Year 1948/49, by month */

April 1948 a/

May 1948

	Cases b/		Days c/		Amount		Cases b/		Days c/		Amount	
	Total	Per Case	Total	Per Case	Total	Per Case	Total	Per Case	Total	Per Case	Total	Per Case
A. To Primary Insured **/												
1. Medical care benefits d/	727,606	5,495,689	7.5	110,788,000	154	293,171	2,207,256	7.5	81,748,000	279		
2. Nursing care benefits f/												
3. Dental care benefits e/	100,606	569,110	5.7	12,006,000	120	56,990	620,884	10.9	17,605,000	310		
4. Medical care expenses g/	19,203	334,597	17.4	17,738,000	920	16,891	357,638	21.2	22,218,000	1310		
5. Dental care expenses h/												
6. Sickness and injury allowance i/	58,126	982,888	16.9	44,508,000	776	38,892	685,977	17.6	40,989,000	1050		
7. Maternity allowance j/	1,400	49,386	35.2	1,509,000,000	1136	1,132	37,447	33.1	1,148,000	1010		
8. Delivery expenses k/	1,134	-	-	860,000,000	760	804	-	-	719,000	894		
9. Nursing allowance l/	46,926	N.A.	-	10,901,088,000	298	39,190	N.A.	-	8,462,659	216		
10. Funeral expenses m/	4,008	-	-	4,250,000,000	1050	1,907	-	-	3,884,000	2040		
11. Other benefits n/	29,499	-	-	9,592,172,000	-	22,894	-	-	5,278,951			
B. To Dependents of Insured												
1. Medical care benefits d/	354,474	2,941,679	8.3	31,869,000,000	90	222,462	1,875,492	8.4	29,015,000	131		
2. Medical care expenses g/	24,328	165,102	6.8	3,131,000,000	124	23,162	147,003	6.4	3,218,000	139		
3. Dental care benefits e/												
4. Dental care expenses h/												
5. Delivery expenses k/	23,624	-	-	6,555,000,000	278	18,872	-	-	5,467,000	290		
6. Funeral expenses m/	4,007	-	-	3,244,000,000	810	3,039	-	-	2,683,000	884		

(See also 9 & 11 above)

June 1948

July 1948

	Cases b/	Days e/		Amount		Cases b/		Days c/		Amount		Per Case f/
		Total	Per Case	Total	Per Case	Total	Per Case	Total	Per Case	Total	Per Case	
A. To Primary Insured **/												
1. Medical care benefits d/	346,349	2,405,848	6.9	83,267,000	240	393,197		3,010,408	7.7	93,376,000	237	
2. Nursing care benefits f/		313,382	5.7	19,406,000	351	66,146		401,498	6.1	22,312,000	337	
3. Dental care benefits e/	55,282	297,223	19.7	17,195,000	1141	14,019		317,251	22.6	17,268,000	1230	
4. Medical care expenses g/	15,067											
5. Dental care expenses h/ ***/												
6. Sickness & injury allow. i/	35,777	745,624	20.8	38,680,000	1081	43,043		789,220	18.4	48,141,000	1120	
7. Maternity allowance j/	945	37,883	40.1	1,249,000	1321	1,190		36,824	30.9	1,315,000	1101	
8. Delivery expenses k/	869	-	-	766,000	881	744		-	-	637,000	859	
9. Nursing allowance l/ **/	36,369	N.A.	-	9,338,995	264	43,137		N.A.	-	10,756,975	249	
10. Funeral expenses m/	1,969	-	-	3,123,000	1586	2,650		-	-	4,638,000	1749	
11. Other benefits n/ **/	22,122	-	-	6,696,099	-	27,537		-	-	8,140,941	-	
B. To Dependents if Insured												
1. Medical care benefits d/ ***/	165,527	1,380,366	8.3	27,363,000	165	306,598		2,249,969	7.3	30,914,000	101	
2. Medical care expenses g/		111,087	6.6	3,580,000	212	29,808		183,540	6.2	4,193,000	140	
3. Dental care benefits e/ ***/	16,865											
4. Dental care expenses h/												
5. Delivery expenses k/	14,953	-	-	4,388,000	293	16,357		-	-	5,124,000	314	
6. Funeral expenses m/	2,686	-	-	2,402,000	894	4,177		-	-	2,906,000	697	

(See also 9 & 11 above)

- Notes: */ Source: Insurance Bureau, Ministry of Welfare. Data based on reports from individual Health Insurance Societies representing approximately 10 per cent of the number of insured and a fair cross-section of the industries covered and of the size distribution among the societies.
- a/ The Japanese fiscal year runs from 1 April to 31 March, but benefits paid in April are for the most part on claims arising in the preceding fiscal year. These are included in the figures shown above.
 - b/ The number of cases is not identical with the number of patients. Renewed incidence of illness in the same person, if occurring in the same month, is counted as two cases. Even in pregnancy cases, one pregnancy may give rise to more than one case of maternity allowance if the woman interrupts her maternity leave, goes back to work, and later resumes her maternity leave.
 - c/ In Japanese medical practice "a day of service" may be any one of the following: (1) an initial visit to a physician; (2) subsequent visits to a physician, provided some treatment is given or drug provided to the patient; (3) a day for which a drug had been provided even if the patient did not visit the physician again; (4) a visit to any additional physician even on the same day; (5) a day in the hospital.
 - d/ Medical and hospital care available free of charge to the primary insured and at half-price to his dependents for as long as two years if necessary. Both insured and their dependents are required, however, to pay fully for the first visit to a doctor.
 - e/ Available on the same terms as d/.
 - f/ The services of a nurse, when needed are available on the same terms as d/ and e/. In this table nursing benefits are not shown separately since they are being reported by the societies as part of medical care benefits and expenses granted.
 - g/ Whenever appropriate medical or hospital care was not readily available from insurance doctors or other insurance medical personnel or hospital, insured patients who obtained care elsewhere receive a refund of their expenses at insurance rates amounting to the full fee for the primary insured and 50 per cent for his dependents. Actually the refund amounts to less inasmuch as general medical treatment fees are above those set for insurance treatment and, moreover, the cost of the first visit to the doctor is not reimbursed.
 - h/ Cash reimbursement on the same conditions and at the same rates as g/.
 - i/ Paid to insured (not dependents) temporarily disabled for work after a three day waiting period and for not more than six months, except in cases of tuberculosis in which the period is extended to 18 months. The rate of compensation is 60 per cent of the taxable daily wage or 40 per cent when hospitalization is provided and the insured has no dependents.
 - j/ Paid to insured women (not dependents) for a period of 42 days before and 42 days after delivery or as long a part thereof as they are absent from work, the rates are the same as under i/.
 - k/ A lump sum grant payable to the insured mother as half the rate of her monthly wage but not less than ¥600 (effective 1 August this minimum is raised to ¥1,000). If hospitalization is provided, the amount is reduced by one-half. Dependents receive a partial refund of midwives' fees paid at a flat rate of ¥300 (¥500 after 1 August), which is paid under the same heading.
 - l/ Paid to the mother for six months after delivery at the rate of ¥180 for both insured women and dependents.
 - m/ Paid to the person arranging for the funeral of the deceased. It is paid at the rate of one month's pay but not less than ¥1,800 (¥2,000 after 1 August). For the funeral of dependents, a lump sum of ¥900 (¥1,000 after 1 August) is paid.
 - n/ In addition to transportation expenses to and from the hospital (full reimbursement thereof to primary insured, reimbursement of 50 per cent for dependents), these benefits include a variety of services and cash grants provided by several Health Insurance Societies over and above those stipulated by law. Since it is a catch-all category, the average number of "days" and the average amount per case would not be significant.

c/ The per-case amounts of cash benefits are not necessarily identical with the standard set in the law. This is due to the fact that the figures chosen here are those of benefits actually paid out and may comprise several installments of a recurring benefit.

**/ The figures shown under A 9 (nursing allowance) and A 11 (other benefits) include benefits granted both to primary insured and to dependents. Available reports fail to show the respective shares.

***/ Breakdown not available.

MONTHLY SUMMARY OF VITAL STATISTICS IN JAPAN:
August 1948

The attached tables summarize the vital events of Japan, total "shi" (cities having 30,000 or more population), total "gun" (areas having less than 30,000 population) and each prefecture for the month of August 1948. Rates for live births, deaths (all ages), marriages and divorces are the number of events per 1,000 population (estimated as of 1 July 1948) and are on an annual basis. Rates for infant deaths and stillbirths are the number of events per 1,000 live births during the corresponding period.

Live Births: Births continued their usual seasonal increase. There were 215,083 live births during August compared with 205,602 in July. The current rate (31.7) was approximately 5 percent higher than in the previous month (30.3). It continued to be well below (13 percent) the rate for the corresponding period of 1947 (36.3). The current figure, however, was nearly 17 percent higher than the median August rate (27.2) for the seven-year period 1935-1941.

The birth rate for all "shi" (31.5) was slightly less than for all "gun" (31.7). Prefectural rates ranged from 25.9 in Nagano to 36.9 in Miyazaki. Thirty-eight prefectural rates were within plus or minus 10 percent of the national average. Five exceeded the average by more than 10 percent. These were in Toyama, Kagawa, Fukuoka, Miyazaki and Nagasaki. Three prefectures (Nagano, Yamanashi and Wakayama) had rates that were more than 10 percent below the national figure.

Deaths (all ages): Deaths totalled 81,085 this month compared with 80,494 in July. Although the rate has usually reached a fall peak in August, the current rate (11.9) was only slightly higher than in July (11.8) and was the lowest rate ever recorded for August. It was 18 percent less than the rate (14.5) in the same period of 1947 and 35 percent less than the median rate (18.3) for August during the seven-year period 1935-1941.

The death rate for all "shi" combined (11.1) was approximately 10 percent less than for all "gun" (12.4). Rates among the prefectures ranged from 9.7 in Tokyo-to to 35.0 in Fukui. The rate in Fukui Prefecture remained exceptionally high because of belated registration of deaths due to the earthquake in June. The second highest prefectural rate was 17.0 in Aomori. Twenty-six prefectures recorded rates that were within plus or minus 10 percent of the national figure. Eleven prefectural rates were more than 10 percent higher than the average. Most of these were in the north and along the Sea of Japan coast. They included Hokkaido, Aomori, Iwate, Akita, Yamagata, Toyama, Ishikawa, Shimane, Fukui, Niigata and Tokushima Prefectures. Nine prefectural rates were less than 90 percent of the national figure. These were in Miyagi, Gumma, Tokyo, Kanagawa, Shizuoka, Aichi, Mie, Wakayama and Osaka Prefectures.

Deaths and death rates per 100,000 population for the ten leading causes of death in August were: tuberculosis, all forms (12,545) (184.7); diarrhea, enteritis and ulceration of the intestines (11,549) (170.0); intracranial lesions of vascular origin (6,530) (96.1); accidental deaths (5,425) (79.9); cancer and other malignant tumors (4,898) (72.1); senility (4,327) (63.7); diseases of the heart (3,478) (51.2); nephritis (2,584) (38.0); pneumonia, all forms (2,140) (31.5); and congenital debility (2,109) (31.0). Together these causes accounted for 83 percent of all deaths. Although these causes were the ten leading in July also, there were reductions in the rates of all except intracranial lesions of vascular origin and senility. It should also be noted that diarrhea and enteritis 2 years of age and over increased from a rate of 54.9 in July to 64.7 in August whereas diarrhea and enteritis under 2 years of age declined from 117.4 to 105.3.

Infant deaths: The number of infant deaths decreased from 12,346 in July to 10,908 in August. The infant death rate per 1,000 live births decreased approximately 15 percent, from 60.0 and 50.7 currently. This was the lowest rate recorded for August in the nine years for which monthly data are available. It was more than 20 percent below the figure (64.4) in the same month of 1947 and nearly 40 percent less than the median August rate (82.3) for the five-year period 1938-1942.

The rate for all "shi" combined (41.5) was 25 percent less than that for all "gun" (55.5). Prefectural rates ranged from 32.1 in Kanagawa to 143.6 in Fukui. As previously noted, the death rate in Fukui was especially high because of the earthquake. The second highest rate was 120.0 in Aomori. Only 14 prefectures had rates that were within plus or minus 10 percent of the national average. Ten were higher and 22 were lower. The 10 prefectures having rates in excess of the average by more than ten percent included all but one of the prefectures previously noted as having high death rates at all ages. They were Hokkaido, Aomori, Iwate, Akita, Yamagata, Shimane, Niigata, Toyama, Ishikawa and Fukui Prefectures. Especially low rates prevailed in Tochigi, Tokyo, Kanagawa, Shizuoka, Nagano, Osaka and Fukuoka Prefectures.

Deaths and death rates per 1,000 live births for the ten leading causes of infant deaths in August were: diarrhea, enteritis and ulceration of the intestines (3,648) (17.0); congenital debility (2,109) (9.8); premature birth (955) (4.4); pneumonia, all forms (656) (3.0); other diseases peculiar to the first year of life (490) (2.3); congenital malformations (330) (1.5); whooping cough (239) (1.1); bronchitis (239) (1.1); accidental deaths (238) (1.1); and beriberi (201) (0.9). Together these causes accounted for approximately 83 percent of all infant deaths. All rates were lower in August than in July.

Stillbirths: Stillbirths numbered 11,852 this month compared with 11,139 previously. The rate per 1,000 live births (55.1) was approximately 2 percent higher than in July (54.2). This was 24 percent higher than the stillbirth rate (44.6) in August 1947 and approximately the same as the median August rate (55.0) for the seven-year period 1935-1941.

The stillbirth rate for all "shi" combined (69.1) was 45 percent higher than for all "gun" (47.7). Prefectural rates ranged from 33.8 in Toyama to 75.0 in Nagano. Half the prefectural rates were within plus or minus 10 percent of the national average. Thirteen exceeded this figure by more than 10 percent and 10 were more than 10 percent below the average. The highest rates were in Nagano, Shimane and Okayama Prefectures. The lowest were in Toyama and Aomori.

Marriages: There were 63,784 marriages registered in August compared with 68,821 in July. The rate per 1,000 population declined 7 percent, from 10.1 to 9.4. This was slightly lower than the rate (9.6) in the corresponding period of 1947 but nearly 60 percent higher than the median August rate (5.9) for the seven-year period 1932-1938.

Both "shi" and "gun" rates were 9.4. Rates among the prefectures ranged from 7.0 in Saitama to 12.3 in Kagawa. Twenty-one prefectural rates were within plus or minus ten percent of the national figure. Sixteen were higher and nine were lower. The highest rates were in Kagawa, Okayama, Kochi, Nagasaki, Hiroshima and Oita Prefectures. The lowest were in Saitama, Nagano, Kanagawa, Chiba, Gumma and Yamanashi Prefectures.

Divorces: Divorces increased from 6,415 in July to 6,780 in August. The rate per 1,000 population increased from 0.9 to 1.0. This was the same as in August 1947 but 67 percent higher than the median August rate (0.6) for the seven-year period 1932-1938.

The rate was 1.0 in both "shi" and "gun". Prefectural rates ranged from 0.6 in Ibaraki to 1.6 in Akita. Twenty prefectural rates were within plus or minus 10 percent of the average. Fifteen were higher and 11 were lower.

NUMBER OF LIVE BIRTHS, DEATHS, INFANT DEATHS, STILLBIRTHS, MARRIAGES
AND DIVORCES, BY PREFECTURE: JAPAN, AUGUST 1948

PREFECTURE	BIRTHS	DEATHS	*INFANT DEATHS	STILL- BIRTHS	MARRIAGES	DIVORCES
ALL JAPAN	215083	81085	10908	11852	63784	6780
ALL "SHI"	74018	25993	3073	5117	21946	2410
ALL "GUN"	141065	55092	7835	6735	41838	4370
AICHI	9162	2838	371	456	2661	191
AKITA	3254	1555	273	208	971	169
AOMORI	3411	1754	409	149	906	111
CHIBA	5322	2223	275	294	1369	125
EHIME	4264	1434	212	214	1340	144
FUKUI	2019	2176	290	97	557	54
FUKUOKA	9996	3022	369	538	3038	284
FUKUSHIMA	5259	1987	267	248	1480	161
GIFU	4254	1536	189	199	1359	109
GUMMA	4111	1458	170	265	1069	113
HIROSHIMA	5193	2091	263	289	1944	210
HOKKAIDO	11704	4574	943	561	3122	310
HYOGO	8652	3006	356	453	2491	258
IBARAKI	5173	2036	260	293	1498	102
ISHIKAWA	2635	1160	223	119	865	110
IWATE	3390	1688	324	209	933	129
KAGAWA	2845	937	144	159	972	115
KAGOSHIMA	5072	1768	251	254	1578	200
KANAGAWA	5677	1983	182	336	1463	167
KOCHI	2265	845	94	112	844	114
KUMAMOTO	4843	1700	206	262	1606	163
KYOTO	4333	1698	193	229	1266	141
MIE	3866	1321	195	192	1217	119
MIYAGI	4151	1448	215	239	1248	119
MIYAZAKI	3291	1004	145	188	951	97
NAGANO	4562	1946	177	342	1273	138
NAGASAKI	4761	1557	207	235	1496	166
NARA	1893	841	79	125	673	52
NIIGATA	6544	2794	404	346	1651	271
OITA	3647	1319	163	210	1172	109
OKAYAMA	4283	1791	198	312	1626	136
OSAKA	9457	3049	322	590	2964	274
SAGA	2668	1009	132	142	836	94
SAITAMA	5713	2126	245	308	1261	130
SHIGA	2151	963	103	131	642	61
SHIMANE	2395	1067	188	178	776	95
SHIZUOKA	6585	2010	259	381	1700	236
TOCHIGI	4381	1437	162	247	1145	115
TOKUSHIMA	2424	964	133	157	793	63
TOKYO	13216	4469	431	721	3986	379
TOTTORI	1438	598	80	88	501	72
TOYAMA	3021	1194	202	102	800	131
WAKAYAMA	2346	872	100	138	830	95
YAMAGATA	3450	1529	244	163	993	145
YAMAGUCHI	4135	1523	184	256	1374	145
YAMAMASHI	1871	785	76	117	544	58

* Deaths of infants under one year of age.

Source: Bureau of Public Health, Ministry of Welfare.

BIRTH, DEATH, INFANT DEATH, MARRIAGE AND DIVORCE RATES, BY
PREFECTURE: JAPAN, AUGUST 1948

PREFECTURE	*BIRTH RATE	*DEATH RATE	**INFANT DEATH RATE	**STILLBIRTH RATE	*MARRIAGE RATE	*DIVORCE RATE
ALL JAPAN	31.7	11.9	50.7	55.1	9.4	1.0
ALL "SHI"	31.5	11.1	41.5	69.1	9.4	1.0
ALL "GUN"	31.7	12.4	55.5	47.7	9.4	1.0
AICHI	33.5	10.4	40.5	49.8	9.7	0.7
AKITA	29.9	14.3	83.9	63.9	8.9	1.6
AOMORI	33.1	17.0	120.0	43.7	8.8	1.1
CHIBA	29.4	12.3	51.7	55.2	7.6	0.7
EHIME	34.0	11.4	49.7	50.2	10.7	1.1
FUKUI	32.5	35.0	143.6	48.0	9.0	0.9
FUKUOKA	35.6	10.8	36.9	53.8	10.8	1.0
FUKUSHIMA	30.6	11.6	50.8	47.2	8.6	0.9
GIFU	33.0	11.9	44.4	46.8	10.5	0.8
GUMMA	30.2	10.7	41.4	64.5	7.8	0.8
HIROSHIMA	30.0	12.1	50.6	55.7	11.2	1.2
HOKKAIDO	34.4	13.4	80.6	47.9	9.2	0.9
HYOGO	32.4	11.2	41.1	52.4	9.3	1.0
IBARAKI	29.9	11.8	50.3	56.6	8.7	0.6
ISHIKAWA	33.0	14.5	84.6	45.2	10.8	1.4
IWATE	30.9	15.4	95.6	61.7	8.5	1.2
KAGAWA	36.0	11.8	50.6	55.9	12.3	1.5
KAGOSHIMA	33.9	11.8	49.5	50.1	10.5	1.3
KANAGAWA	28.9	10.1	32.1	59.2	7.5	0.9
KOCHI	30.9	11.5	41.5	49.4	11.5	1.6
KUMAMOTO	32.0	11.2	42.5	54.1	10.6	1.1
KYOTO	28.7	11.2	44.5	52.9	8.4	0.9
MIE	31.5	10.7	50.4	49.7	9.9	1.0
MIYAGI	30.7	10.7	51.8	57.6	9.2	0.9
MIYAZAKI	36.9	11.3	44.1	57.1	10.7	1.1
NAGANO	25.9	11.1	38.8	75.0	7.2	0.8
NAGASAKI	35.9	11.7	43.5	49.4	11.3	1.3
NARA	28.7	12.8	41.7	66.0	10.2	0.8
NIIGATA	31.7	13.5	61.7	52.9	8.0	1.3
OITA	34.6	12.5	44.7	57.6	11.1	1.0
OKAYAMA	30.6	12.8	46.2	72.8	11.6	1.0
OSAKA	31.8	10.2	34.0	62.4	10.0	0.9
SAGA	33.8	12.8	49.5	53.2	10.6	1.2
SAITAMA	31.6	11.8	42.9	53.9	7.0	0.7
SHIGA	29.1	13.0	47.9	60.9	8.7	0.8
SHIMANE	31.3	14.0	78.5	74.3	10.1	1.2
SHIZUOKA	32.3	9.9	39.3	57.9	8.3	1.2
TOCHIGI	33.2	10.9	37.0	56.4	8.7	0.9
TOKUSHIMA	32.9	13.1	54.9	64.8	10.8	0.9
TOKYO	28.8	9.7	32.6	54.6	8.7	0.8
TOTTORI	28.6	11.9	55.6	61.2	10.0	1.4
TOYAMA	35.7	14.1	66.9	33.8	9.5	1.5
WAKAYAMA	28.3	10.5	42.6	58.8	10.0	1.1
YAMAGATA	30.3	13.4	70.7	47.2	8.7	1.3
YAMAGUCHI	32.4	11.9	44.5	61.9	10.8	1.1
YAMANASHI	27.1	11.4	40.6	62.5	7.9	0.8

* Rates are the number of events per 1,000 population, estimated 1 July 1948 and distributed according to the August Ration Census.

** Rates are the number of events per 1,000 live births in corresponding period.

DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASE IN JAPAN
FOR THE WEEK ENDED 23 October 1948

During the forty-third week ended 23 October 1948 there were reported 9,670 cases of communicable disease compared with 10,446 cases in the preceding week. No report was received from Saitama Prefecture.

Tuberculosis cases decreased 8 percent, from 7,568 last week to 6,966 currently. This was 10 percent greater, however, than the number (6,347) reported in the forty-third week of 1947. The current and cumulative case rates were 454.1 and 483.1 respectively.

Measles cases (289) were nearly the same as last week (293). The current figure was approximately half the total (558) recorded in the corresponding week of 1947. Forty-one percent of the total cases reported this week were in Hokkaido (119). The current and cumulative case rates were 18.8 and 73.0 respectively.

The number of whooping cough cases decreased 27 percent this week from 832 to 609. The current number was 23 percent less than that (789) reported in the same week of 1947. There were increases this week in 22 prefectures, decreases in 20, and no change in 3. The largest decreases occurred in Osaka Prefecture (92) cases and in Hokkaido (42). The current and cumulative case rates were 39.7 and 69.3 respectively.

There was a 13 percent increase in pneumonia cases, from 768 last week to 864 currently. The current number was 22 percent less than the figure (1,107) recorded for the same week of 1947. The current and cumulative case rates were 56.3 and 148.3 respectively.

There were 9 cases of influenza this week compared with 11 previously. In the forty-third week of 1947 there were 37 cases. The current and cumulative case rates were 0.6 and 3.9 respectively.

Diphtheria cases increased 22 percent, from 336 last week to 411 currently. Deaths increased slightly, from 27 to 29. The current number of cases was 16 percent less than the total (490) for the same week in 1947 and only one third the figure (1,219) recorded in the corresponding period of 1946. Twenty-seven prefectures reported increases over last week, 15 showed decreases, and 3 reported no change. The current and cumulative case rates were 26.8 and 19.1 respectively. Corresponding death rates were 1.9 and 1.7.

There was a 12 percent decrease in dysentery cases, from 217 to 191 currently. Deaths decreased from 91 to 73. Cases this week were 35 percent of the number (542) in the forty-third week of 1947 and only 7 percent of those (2,805) in the corresponding week of 1946. There were decreases this week in 21 prefectures, increases in 17, and no change in 7. The current and cumulative case rates were 12.5 and 21.2 respectively. Corresponding death rates were 4.8 and 5.7.

The number of typhoid fever cases this week (163) was 12 percent less than the number recorded last week (185). Deaths decreased from 25 to 20. Current cases were little more than half of those (299) reported in the same week of 1947 and less than one-fourth of the number (720) in the corresponding period of 1946. There were decreases this week in 22 prefectures, increases in 15, and no change in 3. The current and cumulative case rates were 10.6 and 12.3 respectively. Corresponding death rates were 1.3 and 1.5.

Paratyphoid fever cases decreased 26 percent, from 54 previously to 40 cases this week. There were 2 deaths compared with 1 last week. The current number of cases was 57 percent of the figure (70) recorded in the forty-third week of 1947 and one-fourth of those (163) in the same period of 1946. There were decreases this week in 17 prefectures, increases in 16, and no change in 12. Twenty-four prefectures had from 1 to 4 cases each, and 21 prefectures had no cases. The current and cumulative case rates were 2.6 and 3.9 respectively. Corresponding death rates were 0.1 and 0.2.

There were four cases of smallpox this week at the Kamiutashinai coal mine, Sorachi-shichiyo, Hokkaido. All four of the cases reported occurred in children between the ages of three and six, all of whom are alleged to have been vaccinated within the past year. These were the first cases of smallpox reported in Japan since the second week in September. There have been no deaths for 14 weeks. In the forty-third weeks of 1947 and 1946 there were 2 and 1 cases respectively. The current case rate was 0.3 and the cumulative case and death rates were both less than 0.1.

There have been no typhus fever cases reported for 2 weeks and no deaths for 15 weeks. In the corresponding week of 1947 there were 4 cases, and in the same period of 1946 there were 9 cases. The cumulative case and death rates were 0.7 and 0.1 respectively.

Malaria cases decreased 41 percent from 82 to 48. Deaths (1) remained the same. Current cases were 39 percent of the number (123) in the same week of 1947 and only 9 percent of those (531) in the corresponding period of 1946. Cases in Shiga Prefecture (21) continued to decrease although they accounted for 44 percent of the total. Fifteen additional prefectures had from 1 to 5 cases each, and 29 prefectures had no cases. The current and cumulative case rates were 3.1 and 7.1 respectively. Corresponding death rates were 0.1 and less than 0.1.

There were 8 cases of Japanese "B" encephalitis reported this week and 23 deaths. In the same weeks of 1947 and 1946 there were 8 and 4 cases respectively. The current number of cases represent 6 confirmed cases and 2 suspect cases. Corresponding death figures are 6 confirmed and 17 suspect deaths. It is still not known to what extent cases and deaths have been reported twice, first as suspect and then again when confirmed. The current and cumulative case rates were 0.5 and 12.7 respectively. Corresponding death rates were 1.5 and 3.7.

Scarlet fever cases decreased from 50 last week to 45 currently. There were 2 deaths compared with no deaths for the preceding 4 weeks. In the forty-third weeks of 1947 and 1946 there were 44 and 47 cases respectively. Tokyo-to had 16 cases this week, Hokkaido 11, thirteen prefectures from 1 to 3 each, and 30 prefectures had no cases. The current and cumulative case rates were 2.9 and 3.4 respectively. Corresponding death rates were 0.1 and less than 0.1.

Epidemic meningitis cases (23) remained about the same as in the previous week (24). There were 8 deaths compared with 5 last week. In the corresponding weeks of 1947 and 1946 there were 28 and 24 cases respectively. Fourteen prefectures had from 1 to 4 cases each this week, and 31 prefectures reported that they had no cases. The current and cumulative case rates were 1.5 and 2.9 respectively. Corresponding death rates were 0.5 and 0.7.

There continued to be no cholera or plague.

The current and cumulative number of cases of syphilis were 3,738 and 181,815 respectively; for gonorrhea, 3,389 and 188,121; and for chancroid, 558 and 31,360. The current numbers of gonorrhea and chancroid cases this week decreased from the preceding week, but syphilis cases were slightly higher. Last week there were 3,605 cases of syphilis, 3,481 cases of gonorrhea, and 612 cases of chancroid. Current syphilis cases were 17 percent higher than in the forty-third week of 1947 (3,183). The other two venereal diseases, however, were less than in the same week of 1947 when there were reported 3,864 cases of gonorrhea and 764 cases of chancroid. The current and cumulative case rates for each of these diseases were: syphilis, 243.7 and 275.6 respectively; gonorrhea, 220.9 and 285.2; and chancroid, 36.4 and 47.5.

SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN
WEEK ENDED 23 OCTOBER 1948

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	42	3	1018	134	6	-	924	65
AOMORI	1	-	180	10	1	-	114	21
IWATE	3	1	237	26	7	-	514	59
MIYAGI	11	-	366	20	1	3	205	21
AKITA	14	1	470	32	1	-	193	46
YAMAGATA	4	1	220	21	1	-	234	34
FUKUSHIMA	13	-	168	12	6	4	463	94
IBARAKI	4	-	263	9	7	3	698	303
TOCHIGI	4	-	268	22	1	1	268	101
GUMMA	10	3	184	36	-	-	467	108
SAITAMA	NR	NR	281	22	NR	NR	383	157
CHIBA	8	-	124	5	7	4	264	62
TOKYO	24	2	786	100	21	7	1447	323
KANAGAWA	13	1	353	32	7	3	285	80
NIIGATA	22	1	530	42	3	1	590	70
TOYAMA	6	-	106	13	-	-	58	12
ISHIKAWA	12	-	223	15	-	-	34	9
FUKUI	1	-	95	8	-	-	195	33
YAMANASHI	-	-	50	-	1	-	67	10
NAGANO	12	1	320	17	-	-	321	51
GIFU	6	1	97	10	7	4	391	142
SHIZUOKA	2	-	219	26	7	3	315	155
AICHI	13	-	348	30	3	2	672	280
MIE	3	-	*200	19	3	3	178	58
SHIGA	1	-	70	3	3	1	93	22
KYOTO	5	-	213	23	6	-	288	70
OSAKA	5	1	235	21	14	2	494	96
HYOGO	14	1	362	37	9	1	424	83
NARA	3	-	105	7	1	1	40	9
WAKAYAMA	4	-	92	4	9	2	52	14
TOTTORI	4	-	57	3	2	2	65	26
SHIMANE	8	-	222	15	6	1	201	73
OKAYAMA	3	-	204	20	3	2	187	77
HIROSHIMA	10	2	320	13	6	2	310	127
YAMAGUCHI	10	-	258	9	9	3	226	93
TOKUSHIMA	2	-	99	13	1	1	149	27
KAGAWA	1	-	106	12	6	1	129	36
EHIME	4	-	297	32	7	2	352	107
KOCHI	5	-	117	5	2	-	97	26
FUKUOKA	34	1	673	38	8	4	413	119
SAGA	13	1	437	28	-	-	172	64
NAGASAKI	10	1	365	42	3	4	240	93
KUMAMOTO	5	-	132	12	-	-	205	93
OITA	19	3	433	43	3	3	181	106
MIYAZAKI	8	2	318	31	2	3	233	75
KAGOSHIMA	15	2	367	31	1	-	145	45
TOTAL	411	29	*12588	1103	191	73	13976	3775
RATE								
Current	26.8	1.9	19.1	1.7	12.5	4.8	21.2	5.7
Previous	21.9	1.8			14.1	5.9		

See footnotes at end of table.

Weekly Report - 23 October 1948
Continued

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	5	-	346	23	2	-	118	3
AOMORI	4	-	108	13	-	-	42	3
IWATE	9	1	74	7	-	-	51	5
MIYAGI	1	-	164	16	4	-	121	3
AKITA	5	-	71	12	1	-	10	3
YAMAGATA	1	-	66	11	2	-	25	1
FUKUSHIMA	6	-	169	23	-	-	72	2
IBARAKI	2	-	140	18	1	-	80	3
TOCHIGI	-	-	131	21	1	-	50	4
GUMMA	5	-	101	15	-	-	54	1
SAITAMA	NR	NR	202	35	NR	NR	41	2
CHIBA	13	-	218	10	-	-	50	-
TOKYO	23	4	1033	110	2	-	617	22
KANAGAWA	3	1	396	43	1	-	102	-
NIIGATA	7	-	242	30	2	-	87	8
TOYAMA	-	-	135	16	2	-	27	2
ISHIKAWA	-	-	65	11	1	-	10	1
FUKUI	3	-	116	6	1	-	18	1
YAMANASHI	-	-	21	-	-	-	11	3
NAGANO	4	1	435	33	1	-	61	3
GIFU	8	2	323	42	1	-	61	5
SHIZUOKA	4	-	262	28	4	-	133	7
AICHI	8	3	358	40	3	1	84	6
MIE	6	1	258	30	1	-	*57	7
SHIGA	2	-	45	3	3	-	15	-
KYOTO	7	-	251	38	1	-	65	5
OSAKA	4	1	313	72	1	-	56	2
HYOGO	6	1	333	59	2	-	29	2
NARA	4	-	85	6	-	-	11	1
WAKAYAMA	-	-	109	14	1	-	15	-
TOTTORI	-	-	79	3	-	-	13	1
SHIMANE	2	-	101	11	-	-	62	1
OKAYAMA	3	-	159	28	-	1	13	1
HIROSHIMA	4	-	220	19	1	-	50	1
YAMAGUCHI	2	-	73	8	1	-	11	1
TOKUSHIMA	-	1	100	10	-	-	7	-
KAGAWA	2	-	47	11	-	-	30	3
EHIME	1	1	141	13	-	-	32	-
KOCHI	1	-	141	15	-	-	34	1
FUKUOKA	5	3	159	17	-	-	41	3
SAGA	-	-	45	3	-	-	16	2
NAGASAKI	-	-	59	11	-	-	16	1
KUMAMOTO	-	-	20	4	-	-	21	1
OTTA	-	-	109	12	-	-	21	2
MIYAZAKI	2	-	47	5	-	-	14	2
KAGOSHIMA	1	-	16	3	-	-	6	-
<hr/>								
TOTAL	163	20	8086	958	40	2	*2560	125
<hr/>								
RATE								
Current	10.6	1.3	12.3	1.5	2.6	0.1	3.9	0.2
Previous	12.1	1.6			3.5	0.1		

See Footnotes at end of table.

Weekly Report - 23 October 1948
Continued

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	4	-	11	-	-	-	19	3
AOMORI	-	-	-	-	-	-	18	1
IWATE	-	-	-	-	-	-	7	1
MIYAGI	-	-	-	-	-	-	4	-
AKITA	-	-	-	-	-	-	5	-
YAMAGATA	-	-	-	-	-	-	4	1
FUKUSHIMA	-	-	-	-	-	-	4	-
IBARAKI	-	-	1	-	-	-	5	1
TOCHIGI	-	-	-	-	-	-	-	-
GUMMA	-	-	-	-	-	-	-	-
SAITAMA	NR	NR	-	-	NR	NR	10	1
CHIBA	-	-	2	-	-	-	6	-
TOKYO	-	-	1	-	-	-	41	3
KANAGAWA	-	-	-	-	-	-	44	2
NIIGATA	-	-	-	-	-	-	2	-
TOYAMA	-	-	-	-	-	-	6	1
ISHIKAWA	-	-	-	-	-	-	1	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	1	-
Gifu	-	-	1	-	-	-	31	2
SHIZUOKA	-	-	1	1	-	-	-	-
AICHI	-	-	-	-	-	-	3	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	2	-
KYOTO	-	-	2	-	-	-	38	1
OSAKA	-	-	-	-	-	-	145	9
HYOGO	-	-	-	-	-	-	2	1
NARA	-	-	-	-	-	-	9	-
WAKAYAMA	-	-	1	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	1	-	-	-	11	1
OKAYAMA	-	-	2	-	-	-	-	-
HIROSHIMA	-	-	1	-	-	-	11	1
YAMAGUCHI	-	-	-	-	-	-	1	-
TOKUSHIMA	-	-	1	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	8	1
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	1	-	-	-	4	1
SAGA	-	-	5	-	-	-	-	-
NAGASAKI	-	-	-	-	-	-	15	2
KUMAMOTO	-	-	-	-	-	-	3	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
TOTAL	4	-	31	1	-	-	460	33
RATE								
Current	0.3	-	0.0	0.0	-	-	0.7	0.1
Previous	-	-	-	-	-	-	-	-

See footnotes at end of table.

Weekly Report - 23 October 1948
Continued

PREFECTURE	MALARIA				JAP. "B" ENCEPHALITIS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	3	-	101	-	-	-	8	7
AOMORI	-	-	37	-	-	-	54	20
IVATE	-	-	32	1	2	1	182	66
MIYAGI	-	-	31	-	-	-	379	58
AKITA	1	-	25	-	1	1	150	43
YAMAGATA	-	-	21	-	-	-	216	58
FUKUSHIMA	-	-	36	-	-	-	91	23
IBAFUKI	-	-	44	-	-	-	344	91
TOCHIGI	1	-	35	-	-	-	123	43
GUMMA	-	-	13	-	-	-	147	*39
SAITAMA	NR	NR	24	-	NR	NR	284	76
CHIBA	1	-	33	-	-	-	383	69
TOKYO	1	-	290	3	-	11	2090	554
KANAGAWA	-	-	75	1	-	1	591	170
NIIGATA	3	-	95	-	-	-	265	52
TOYAMA	1	-	44	1	-	-	121	53
ISHIKAWA	-	-	30	2	-	-	139	68
FUKUI	-	-	23	1	-	-	72	21
YAMANASHI	-	-	23	-	-	-	113	40
NAGANO	-	1	14	1	-	1	323	73
GIFU	-	-	38	-	-	-	108	38
SHIZUOKA	2	-	41	-	-	-	430	138
AICHI	-	-	48	-	-	-	500	*134
MIE	-	-	58	-	-	1	88	*32
SHIGA	21	-	2208	4	-	2	59	21
KYOTO	1	-	74	2	-	-	79	42
OSAKA	-	-	43	-	-	-	136	84
HYOGO	-	-	57	1	-	3	126	58
NARA	-	-	30	-	-	-	16	9
WAKAYAMA	-	-	15	-	-	-	18	12
TOTTORI	-	-	44	1	-	-	23	10
SHIMANE	-	-	31	-	-	-	18	10
OKAYAMA	-	-	42	1	-	-	75	23
HIFOSHIMA	4	-	102	-	-	-	39	17
YAMAGUCHI	-	-	55	-	1	-	52	14
TOKUSHIMA	1	-	20	-	-	-	26	8
KAGAWA	-	-	23	1	-	-	20	6
EHIME	1	-	102	4	-	-	64	30
KOCHI	-	-	21	-	-	-	26	13
FUKUOKA	5	-	220	3	2	-	63	6
SAGA	1	-	40	1	-	-	31	11
NAGASAKI	-	-	57	-	-	-	23	8
KUMAMOTO	-	-	57	3	-	-	38	11
OITA	-	-	50	-	-	-	16	5
MIYAZAKI	-	-	15	-	-	-	73	19
KAGOSHIMA	1	-	153	-	2	2	147	46

TOTAL	48	1	4670	31	8	23	8369	*2429
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PATE								
Current	3.1	0.1	7.1	0.0	0.5	1.5	12.7	3.7
Previous	5.3	0.1			1.7	1.8		

See footnotes at end of table.

Weekly Report - 23 October 1948
Continued

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS			
	Current		Cumulative		Cases		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	11	-	393	2	-	-	173	33
AOMORI	1	-	15	-	2	-	56	16
IWATE	-	-	15	1	-	1	16	4
MIYAGI	2	-	71	1	2	-	104	9
AKITA	-	-	19	-	-	1	67	13
YAMAGATA	1	-	21	-	-	-	38	10
FUKUSHIMA	-	-	31	1	2	1	76	16
IBARAKI	-	-	50	-	1	-	70	19
TOCHIGI	1	-	41	-	-	-	11	2
GUMMA	2	-	77	3	-	-	28	7
SAITAMA	NR	NR	89	1	NR	NR	22	10
CHIBA	-	-	13	-	-	-	37	5
TOKYO	16	1	440	6	4	1	392	101
KANAGAWA	1	-	76	3	2	-	99	21
NIIGATA	3	-	25	1	-	-	51	7
TOYAMA	-	-	7	-	-	1	23	7
ISHIKAWA	-	-	4	-	-	-	10	4
FUKUI	-	-	3	-	-	-	16	3
YAMANASHI	-	-	32	-	1	-	20	2
NAGANO	2	-	108	1	1	-	38	12
GIFU	1	-	46	-	-	-	13	4
SHIZUOKA	1	-	43	3	-	-	50	13
AICHI	-	-	110	-	-	-	22	5
MIE	1	-	36	1	1	-	12	-
SHIGA	-	-	42	-	-	1	7	2
KYOTO	1	-	79	-	-	-	59	30
OSAKA	-	-	76	1	2	-	82	18
HYOGO	1	-	40	1	-	-	36	11
NARA	-	-	6	-	-	-	8	2
WAKAYAMA	-	-	5	1	-	-	8	1
TOTTORI	-	-	5	-	1	-	23	7
SHIMANE	-	-	14	-	-	-	14	8
OKAYAMA	-	1	32	1	-	-	8	3
HIROSHIMA	-	-	19	-	-	-	19	5
YAMAGUCHI	-	-	14	-	-	-	17	1
KAGAWA	-	-	21	-	-	-	8	-
EHIME	-	-	23	-	1	-	17	7
KOCHI	-	-	11	-	-	-	5	2
FUKUOKA	-	-	33	1	-	-	39	7
SAGA	-	-	6	-	1	-	6	1
NAGASAKI	-	-	15	-	2	-	25	12
KUMAMOTO	-	-	1	-	-	-	17	9
OITA	-	-	8	-	-	2	10	5
MIYAZAKI	-	-	3	-	-	-	7	3
KAGOSHIMA	-	-	7	-	-	-	24	10
TOKUSHIMA	-	-	3	-	-	-	5	2
TOTAL	45	2	2228	29	23	8	1888	469
RATE								
Current	2.9	0.1	3.4	0.0	1.5	0.5	2.9	0.7
Previous	3.3	-			1.6	0.3		

See footnotes at end of table.

Weekly Report - 23 October 1948
Continued

PREFECTURE	MEASLES		WHOOPIING COUGH		TUBERCULOSIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	119	2695	123	4836	380	25054
FOUKU	3	451	3	477	53	4784
IWATE	7	1003	5	549	146	7787
MIVAGI	5	987	10	1001	140	*6765
AKITA	6	289	15	682	96	5426
YAMAGATA	3	478	12	590	89	4131
FUKUSHIMA	16	606	3	597	115	6456
IBARAKI	1	637	2	517	110	4540
TOCHIGI	-	239	8	944	83	4171
GUJA	6	313	14	1315	77	3465
SAITAMA	NR	18	NR	862	NR	5217
CHIBA	-	98	3	396	74	4459
TOKYO	3	868	40	3579	967	35939
KANAGAWA	-	191	12	1401	227	12771
NIIGATA	5	1248	41	2855	215	9581
TOYAMA	1	916	12	1893	162	7311
ISHIKAWA	4	725	8	1122	108	5476
FUKUI	-	1317	5	633	38	*1988
YAMANASHI	-	46	-	253	17	1485
NAAGNO	3	1026	39	*1578	193	7320
GIFU	11	1961	15	681	181	4783
SHIZUOKA	-	892	3	703	160	7515
AICHI	-	1062	21	1691	197	11620
MIE	3	1300	1	519	83	*3653
SHIGA	-	518	14	661	77	2714
KYOTO	-	849	31	1307	292	9000
OSAKA	4	807	14	1016	412	16261
HYOGO	1	1339	32	845	238	6329
NARA	2	102	1	103	48	1907
WAKAYAMA	5	273	1	144	41	2024
TOTTORI	-	877	3	154	62	3276
SHIMANE	19	436	18	1687	170	6736
OKAYAMA	-	3279	14	793	131	5996
HIRASHIMA	5	4620	6	838	209	12283
YAMAGUCHI	1	337	3	352	98	3517
TOKUSHIMA	-	1658	-	123	48	2556
KAGAWA	-	2223	3	236	25	2399
EHIME	-	4089	18	1129	164	7887
KOCHI	2	2155	-	206	53	2550
FUKUOKA	21	1209	20	3102	304	16679
SAGA	2	299	5	669	64	3288
NAGASAKI	17	643	5	575	191	6303
KUMAMOTO	5	1150	3	543	87	3613
OITA	5	582	4	520	101	4700
MIYAZAKI	-	388	3	296	76	3395
KAGOSHIMA	4	877	16	715	164	3521
TOTAL	289	48146	609	*45607	6966	*318631
RATE						
Current	18.8	73.0	39.7	69.3	454.1	483.1
Previous	19.1		54.2		493.4	

See footnotes at end of table.

Weekly Report - 23 October 1948

Continued

PREFECTURE	PNEUMONIA		INFLUENZA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	81	7034	-	151
AOMORI	14	1726	-	15
IVATE	7	1561	1	25
MIYAGI	30	2266	-	9
AKITA	53	1629	-	-
YAMAGATA	20	1251	-	9
FUKUSHIMA	23	2387	-	25
IBARAKI	42	3268	-	-
TOCHIGI	11	1861	-	45
GUMMA	11	1993	-	30
SAITAMA	NR	1695	NR	67
CHIBA	1	1008	-	-
TOKYO	37	5228	2	130
KANAGAWA	10	2929	-	63
NIIGATA	37	3859	-	48
TOYAMA	14	3381	-	30
ISHIKAWA	12	1845	-	76
FUKUI	10	817	-	94
YAMANASHI	10	662	-	21
NAGANO	30	2327	-	35
GIFU	42	2301	-	55
SHIZUOKA	13	2240	-	23
AICHI	13	2888	-	83
MIE	2	1669	-	12
SHIGA	6	1051	1	147
KYOTO	23	1488	-	116
OSAKA	9	2302	-	110
HYOGO	13	1306	1	12
NARA	8	424	-	9
WAKAYAMA	5	1893	-	68
TOTTORI	1	866	-	12
SHIMANE	22	2598	-	33
OKAYAMA	12	1588	1	46
HIFOSHIMA	26	3220	-	279
YAMAGUCHI	8	1145	-	5
TOKUSHIMA	5	1893	-	67
KAGAWA	4	1082	-	10
EHIME	31	4559	-	138
KOCHI	5	1415	-	4
FUKUOKA	82	4309	2	315
SAGA	7	1824	-	11
NAGASAKI	11	1644	-	9
KUMAMOTO	16	1713	1	29
OITA	6	1003	-	83
MIYAZAKI	12	784	-	-
KAGOSHIMA	29	1409	-	3
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TOTAL	864	97841	9	2552
<hr/>				
PATE				
Current	56.3	148.3	0.6	3.9
Previous	50.1		0.7	

See footnotes at end of table.

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1946, 1947 and 1948

Disease	Week Ended			Cumulative Number for First 43 Weeks		
	23 Oct 1948	25 Oct 1947	26 Oct 1946	1948	1947	1946
CASE						
Diphtheria	411	490	1219	12588	23490	39862
Dysentery	191	542	2805	13976	37914	81812
Typhoid	163	299	720	8086	15929	39320
Paratyphoid	40	70	163	2560	4254	7863
Smallpox	4	2	1	31	387	17661
Typhus Fever	-	4	9	460	1016	30762
Malaria	48	123	531	4670	11022	NA
Cholera	-	-	2	-	-	1200
Scarlet Fever	45	44	47	2228	2154	1665
Epidemic Meningitis	23	28	24	1888	3180	1304
Jap. B. Encephalitis	8	8	4	8369	259	NA
Plague	-	-	-	-	-	-
DEATH						
Diphtheria	29	41	91	1103	1936	3154
Dysentery	73	167	522	3775	6926	11682
Typhoid	20	59	89	958	1935	4644
Paratyphoid	2	4	16	125	238	397
Smallpox	-	-	5	1	38	2710
Typhus Fever	-	-	3	33	83	2873
Malaria	1	1	-	31	21	NA
Cholera	-	-	1	-	-	511
Scarlet Fever	2	2	1	29	50	87
Epidemic Meningitis	8	8	9	469	1029	361
Jap. B. Encephalitis	23	1	4	2429	128	NA
Plague	-	-	-	-	-	-

CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIODS, 1946, 1947 and 1948

Disease	Week Ended			Cumulative Rates for First 43 Weeks		
	23 Oct 1948	25 Oct 1947	26 Oct 1946	1948	1947	1946
CASE RATE						
Diphtheria	26.8	32.8	84.4	19.1	36.5	64.2
Dysentery	12.5	36.2	194.2	21.2	58.9	131.8
Typhoid	10.6	20.0	49.9	12.3	24.8	63.3
Paratyphoid	2.6	4.7	11.3	3.9	6.6	12.7
Smallpox	0.3	0.1	0.1	0.0	0.6	28.4
Typhus Fever	-	0.3	0.6	0.7	1.6	49.5
Malaria	3.1	8.2	36.8	7.1	17.1	NA
Cholera	-	-	0.1	-	-	1.9
Scarlet Fever	2.9	2.9	3.3	3.4	3.3	2.7
Epidemic Meningitis	1.5	1.9	1.7	2.9	4.9	2.1
Jap. B. Encephalitis	0.5	0.5	0.3	12.7	0.4	NA
Plague	-	-	-	-	-	-
DEATH RATE						
Diphtheria	1.9	2.7	6.3	1.7	3.0	5.1
Dysentery	4.8	11.2	36.1	5.7	10.8	18.8
Typhoid	1.3	3.9	6.2	1.5	3.0	7.5
Paratyphoid	0.1	0.3	1.1	0.2	0.4	0.6
Smallpox	-	-	0.3	0.0	0.1	4.4
Typhus Fever	-	-	0.2	0.1	0.1	4.6
Malaria	0.1	0.1	-	0.0	0.0	NA
Cholera	-	-	0.1	-	-	0.8
Scarlet Fever	0.1	0.1	0.1	0.0	0.1	0.1
Epidemic Meningitis	0.5	0.5	0.6	0.7	1.6	0.6
Jap. B. Encephalitis	1.5	0.1	0.3	3.7	0.2	NA
Plague	-	-	-	-	-	-

See footnotes at end of table.

WEEKLY SUMMARY REPORT
OF
VENEREAL DISEASES IN JAPAN

WEEK ENDED 23 Oct 48

(C) Current cases
(T) Total cases for
year to date.

PREFECTURE	CHANCROID		GONORRHEA		SYPHILIS	
	(C)	(T)	(C)	(T)	(C)	(T)
HOKKAIDO	15	811	169	7822	153	6286
AOMORI	2	330	13	2401	16	1639
IWATE	1	87	11	879	37	1289
MIYAGI	5	428	47	2210	61	2055
AKITA	1	159	30	1961	28	2077
YAMAGATA	-	55	10	895	41	1918
FUKUSHIMA	14	350	75	2746	98	2460
IBARAKI	2	609	24	2647	48	2820
TOCHIGI	2	287	33	2496	74	3597
GUMMA	6	205	42	2028	48	2499
SAITAMA	NR	284	NR	1849	NR	1836
CHIBA	1	899	30	5885	40	5155
TOKYO	44	1602	349	11653	378	12204
KANAGAWA	27	1587	163	11500	185	8106
NIIGATA	1	368	27	2690	42	3121
TOYAMA	4	*233	34	*2095	21	2288
ISHIKAWA	9	340	37	1839	43	1774
FUKUI	8	166	29	1334	30	1426
YAMANASHI	-	133	7	1191	11	889
NAGANO	2	214	45	5881	57	4781
GIFU	14	461	142	3012	47	1775
SHIZUOKA	5	474	38	4520	48	4795
AICHI	110	6174	285	16756	253	14782
MIE	6	494	36	2174	70	3194
SHIGA	4	417	22	1180	34	1354
KYOTO	51	1450	163	5959	187	6393
OSAKA	30	1593	237	8818	364	10638
HYOGO	41	2069	162	12756	198	17955
NARA	13	547	51	2071	54	2310
WAKAYAMA	1	638	17	3570	33	2553
TOTTORI	6	206	27	1985	33	1718
SHIMANE	2	95	10	749	36	890
OKAYAMA	16	860	75	3866	65	3781
HIROSHIMA	7	1004	101	6519	77	4744
YAMAGUCHI	32	866	199	6239	126	5037
TOKUSHIMA	-	193	6	1039	9	1152
KAGAWA	2	295	4	1031	10	1477
EHIME	2	293	34	2240	36	2341
KOCHI	5	207	18	1345	18	1073
FUKUOKA	42	2207	239	12652	287	10984
SAGA	7	245	48	3095	47	2415
NAGASAKI	7	543	68	4644	53	3643
KUMAMOTO	3	289	27	3131	85	3077
OITA	3	293	99	2619	58	2099
MIYAZAKI	2	114	16	1561	22	1165
KAGOSHIMA	3	186	90	2588	77	2250
TOTAL	558	*31360	3389	*188121	3738	181815
RATE						
Current	36.4	47.5	220.9	285.2	243.7	275.6
Previous	39.9		226.9		235.0	

See footnotes at end of table.

NUMBER OF CASES AND CASE RATES OF VENEREAL
DISEASES IN JAPAN FOR COMPARABLE
PERIODS, 1946, 1947, 1948

DISEASES	WEEK ENDED			CUMULATIVE	NUMBER FOR FIRST 43	
	23 Oct	25 Oct	26 Oct		WEEKS	
	1948	1947	1946			
	1948	1947	1946	1948	1947	1946
<hr/>						
<u>Number</u>						
Chancroid	558	764	828	31360	33739	23787
Gonorrhea	3389	3864	2953	188121	176306	101068
Syphilis	3738	3183	1926	181815	120546	57803
<hr/>						
<u>Rate</u>						
Chancroid	36.4	51.1	57.3	47.5	52.2	38.3
Gonorrhea	220.9	258.3	204.5	285.2	274.1	162.8
Syphilis	243.7	212.8	133.4	275.6	187.4	93.1

- Note: 1. There were no cases or deaths reported for cholera or plague.
2. Rates are the number of cases or deaths per 100,000 population, estimated as of 1 July 1948 and are computed on an annual basis.
3. A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.
4. A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.
5. "NA" indicates data are not available.
6. "NR" indicates that no report was received.
7. *Cumulative figures adjusted for delayed and corrected reports.